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THE

PRINCIPLES AND PRACTICE

OF

OBSTETRIC MEDICINE.

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THE

PRINCIPLES AND PRACTICE

OF

OBSTETRIC MEDICINE,

IN A SERIES OF SYSTEMATIC

DISSERTATIONS ON MIDWIFERY,

AND ON THE

DISEASES OF WOMEN AND CHILDREN.

ILLUSTRATED BY NUMEROUS PLATES.

BY

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BOSTON ATHENÆUM

ATLAS OF PLATES.

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A BRIEF DESCRIPTION OF THE PLATES IN SERIES.

PLATE I.—Opposite p. 8.

Fig. 1. A view of an ordinary female pelvis, particularly described in pp. 8, 9, 10.

Fig. 2. A view of the male pelvis, especially distinguished by the narrowness of its pubic arch. pp. 8, 9, 10.

Fig. 3. A side view of a fœtal pelvis of about six months' gestation.

Fig. 4. An entire fœtal pelvis of about eight months' gestation.

Fig. 5. The left os innominatum of a fœtus at near the full period; its constituent portions exhibiting, at their respective periods of growth, the relative proportions of bone and cartilage entering into the formation of the whole.

PLATE II.—Opposite p. 14.

Fig. 1 exhibits a view of the superior aperture and costal surfaces of a well-made female pelvis. The several diameters of the aperture are represented by the lines aa, bb, cc, and dd: aa being the short or conjugate diameter, bb the transverse diameter, and cc and dd the two oblique diameters. See pp. 13, 14.

Fig. 2 exhibits a well-formed female pelvis inverted, to show the boundaries and dimensions of the outlet; the line a, drawn from the symphysis pubis to the tip of the os coccygis, being the long diameter, and bb stretching across between the tuberosities of the ischiatic bones forming the short diameter of the inferior aperture. See pp. 14, 15.

PLATE III.—Opposite p. 18.

This plate exhibits certain instruments which have been used for measuring the female pelvis, and therefore called pevimeters. The scale a, with its appendages, represents Coutouly's pelvimeter; and the knobbed callipers, b, that of M. Baudelocque. See pp. 18, 19. The line g, in the same figure, falling perpendicularly upon the centre of the short diameter of the brim, is intended to mark the direction of the axis of the superior aperture: the line f being drawn at right angles to the line which forms the point of bisection of the two principal diameters of the outlet, indicates that of the axis of the outlet; and the curved line d e, the central line of transit of the child's head during its passage through the pelvis. See Axis of the Pelvis, p. 17. The straight line mm, drawn centrally through the pelvis, as equidistantly as possible from its parietes, is intended to convey an idea of the axis of the entire pelvis, as fancied by some writers and teachers.

PLATE IV.—Opposite p. 21.

Fig. 1 shows the use of the index-finger employed as a pelvimeter.

Fig. 2. A scale of inches to measure the length of the finger and the part of its metacarpal prolongation employed in taking the distance between the arch of the pubis and the promontory of the sacrum. See p. 21.

PLATE V.—Opposite p. 28,

Presents two principal and characteristic varieties of distorted pelves: viz., those occasioned by the rickets of infancy, as given in the first figure; and those produced by mollities ossium of adult age, as exhibited in the second. See pp. 28—33.

DESCRIPTION OF PLATES.

PLATE VI.—Opposite p. 33.

Admeasurements of nine different distorted pelves, designed to illustrate the characteristic varieties of the principal distortions, as just noted; and accordingly distributed under the two heads of deformities from rickets and from mollities ossium. The first figure gives distortions from rickets, and the second those produced by the disease of the adult. In both cases the distortions of the superior aperture are represented.

PLATE VII.—Opposite p. 37.

Fig. 1 represents a fungöid growth which took its origin from the superior angle of the sulcus between the labia majora, and which covered and concealed the whole of the vulva and mons veneris. Two smaller growths of the same kind seen as it were to sprout from near the folds of each groin. Compare the view here presented with the description of the case as given in pp. 37 and 38.

Fig. 2 exhibits a vertical section of the recent female pelvis, supposed to correspond with the median line both of its parietes and contents. A, is the surface of articulation at the symphysis of the left os pubis; B, the remaining half of the bladder laid open; the other being supposed to have been removed by a vertical section of the parts; C, the contraction of the bladder at its neck, to form and to communicate with the urethra; D, the parietes of the bisected uterus; E, the vagina; F, the rectum; G, the left nympha, not very well shown; H, part of the abdominal cavity; I, a section of the termination of the clitoris at the anterior commissure of the vulva.

PLATE VIII.—Opposite p. 111.

Fig. 1 represents a drawing of a fœtal uterus taken from a preparation in the Museum of Anatomy of the University. Its very expanded orifice shows that the cervix uteri is not at that time contracted so as to form so narrow a passage as it is known to contain during infancy and adolescence.

Fig. 2. A median section of a virgin uterus, showing the connexion of its neck and orifice with the vagina.

Fig. 3. A transverse section of the uterus, showing the natural thickness of its parietes in the virgin state. Its cavity is laid open. a, marks the beautiful provision of nature for the development of the cervix at the full period of gestation, denominated the arbor vitæ uteri. See bottom of p. 207 of the letter press. c, indicates the closeness of texture and the thickness of the parenchymatous tissue forming the uterine parietes. d, exhibits the internal surface of the vagina laid open. The fallopian tubes are cut off on either side, about half an inch from their connexion with the fundus. In the centre of each section a dot is seen to represent the narrowness of the passage through each tube. See p. 220.

Fig. 4 gives a view of the interior of the virgin uterus, and of a small portion of its corresponding vagina, after the removal of the anterior half of each by a vertical transverse section.

Figs. 5 and 6 give views of two clitorides; the former that of a clitoris laid open and without its natural covering, and the latter invested on both sides by its prepuce. See p. 59 of letter press.

Fig. 7, a view of the surfaces of a virgin vulva, exhibiting the relative positions to each other of the clitoris, with its appendages, the labia minora, orifice of the urethra, and orifice of the vagina or unruptured hymen, in a virgin subject.

Fig. 8 is a representation of a small section of the vaginal portion of the uterus, showing the remarkable smallness of its orifice in the virgin state.

Fig. 9 represents an instrument, made of ivory, employed by the author to destroy, by pressure, a fungöid growth occupying the interior of the neck of the bladder in a lady, as described in pages 89 and 90 of letter press.

PLATE IX.—Opposite p. 204.

Fig. 1 exhibits the whole of an unimpregnated uterus in an adult subject, with a small portion of its corresponding vagina laid open. Within the section made into the vagina are to be seen, with great distinctness, the mode of engagement of the vaginal portion of the uterus, or os tincæ, as it is frequently called, within the vagina: a, is intended to mark the right fallopian tube and its connexion with the uterus; b, the short ligamentous tissue which connects the ovary of the same side with the uterus; c, indicates a part of the round ligament, and d points to the external surface anteriorly of the body of the uterus.

Fig. 2 gives a full view of all the anterior surfaces of the unimpregnated uterus and its lateral appendages.

a, shows the situation and general appearance externally of healthy ovaries. The prominences to be seen on the surfaces of both ovaries are found when cut into to contain a transparent lymph-like fluid: b, the right fallopian tube; c, the right round ligament; d, the vaginal part of the uterus with the orifice in its centre; e, the fringed termination of the right fallopian tube laid open; f, the ovarian pinion, as it is sometimes called, of the right broad ligament, which serves to connect the ovary with the uterus; g, the rugæ of the internal surface of the vagina, seen also equally distinctly in the corresponding portion of Fig. 1; h, the superior part of the neck of the uterus; i, the body of the uterus; k, the right lateral portion of the fundus of the uterus.

Fig. 3 presents a drawing of a section of the body and fundus of an unimpregnated uterus, with the left lateral appendages attached. a, exhibits a part of the uterine cavity; and b, two bristles showing the course and magnitude of the passage called the fallopian tube.

PLATE X.—Opposite p. 155.

The first figure is intended to give an advanced degree of prolapsed vagina. The aperture at its most depending part is formed by the puckering and gathering together of a superior portion of its mucous tunic. The external surface of the entire tumour in its represented malposition given in Fig. 1, is therefore the mucous membrane of the vagina inverted.

Fig. 2 represents a true prolapsion of the uterus, amounting to a slight degree of procidentia. The inferior or uterine part of the tumour is of a smoother and more polished surface, and gives the idea of a firm and dense structure within.

PLATE X. B.—Opposite p. 523.

Figs. 1 and 2. Cases of procidentia of the uterus with considerable inversions of the vagina.

Fig. 3 was that of an old lady upwards of seventy years of age, who had been the subject of procidentia uteri for many years.

PLATE X. C.—Opposite p. 550, erroneously given at that page as plate XI. B.

Fig. 1 of this plate is a drawing of Lisfranc's bivalved or two-sided speculum; a, is intended to indicate the mechanism of the rack wheel, by which those valves are separated from or made to approach each other; b, is a round piece of sponge or cork, placed between the points of the two blades of the instrument, so as to be firmly embraced by them when closed. The uses of this appendage to the speculum are to enable the practitioner to introduce it more easily, and to guard the vagina from being fretted by the edged points and sides of the instrument. c, a small silk cord by which the piece of cork or sponge is to be withdrawn, after the speculum shall have been fully introduced.

Fig. 2 is a representation of Lisfranc's speculum, with the addition of a third side, suggested, the author believes, by Messrs. Liston and Moore of London. The intention of this third blade is to prevent a large tract of the vagina from insinuating itself between the edges of the other two blades so as partially to intercept the view of the orifice of the uterus. An inspection of the entire instrument will sufficiently explain the uses of its several parts.

Fig. 3, see middle of p. 550 of letter press, is intended to represent a tube made of ivory or of box wood, with a bore through it, gradually tapering from about two inches at its base, or broader end, at a, to its smaller extremity, of which the diameter should measure about $\frac{7}{8}$ of an inch, or somewhat less or more as the case might require or admit of.

Fig. 4. A round piece of sponge to be introduced into tube, fig. 3; and b, a loop of narrow tape or riband affixed to the sponge, for the purpose of withdrawing it when necessary from the vagina. This sponge, after being charged when thought necessary with any astringent fluid, is to be put into the broader end of the tube, and to be pushed forward to its smaller extremity by the staff, fig. 5, until it shall there make its appearance as marked w in the drawing.

N. B. The forceps mentioned in p. 551 of the letter press has by an oversight not been given in this plate, where it is said to have been represented.

Fig. 6 is the first and principal view of Dr. Simpson's pessary, noticed in p. 555 of the present work, where a correct reference is given to further views of the instrument, as well as to the original essay of Dr. Simpson on the subject, and description of it.

DESCRIPTION OF PLATES.

PLATE XI.—Opposite p. 554.

Fig. 1 represents a common ring pessary made with soft materials, covered with leather having its external surface well varnished.

Fig. 2 is an accurate specimen of the wooden globe pessary. The pessary represented in Fig. 3 is a spheröid, having for its material a quantity of prepared horse-hair covered with strong leather, sewed together so neatly as not to exhibit any appearance of a seam, and afterwards coated with strong varnish.

For Fig. 4 read the description at the foot of p. 554.

Fig. 5. The representation of part of the spindle of a spinning wheel, used in the country for spinning yarn, illustrative of a case reported in this work by Dr. Lucas of Brecknock, p. 451 of the letter press.

PLATE XI. B.—Opposite p. 558.

Fig. 1 represents a slightly curved elastic spatula made of steel and covered with thin leather. One end is perforated with three small apertures. These are intended to admit of a needle and thread to be passed through them, by means of which it is proposed to connect the end of the spatula with the most depending portion of the umbilical cord, when found to prolapse before the head. Thus connected, the prolapsing portion of the cord is directed to be carried up beyond the head, and retained above it until the head shall have effected its transit through the pelvis. See a more particular description of this very simple and inexpensive instrument in p. 1022.

Fig. 2 was intended to have given a second view of the same implement; but the drawing is so imperfect as to fail of its purpose.

Fig. 3 is a good representation of a speculum matricis. It is the instrument most frequently used at present in London practice. The part to be introduced, embraces a staff finished at one end by a rounded termination, by which it is easily conducted along into contact with the os tincæ. By screwing the handle of the instrument, the staff is set at liberty, and easily withdrawn, and the part introduced into the vagina greatly expanded, so as to leave a widish tube, through which the eye can be made use of, to examine the os internum and the mucous membrane of the passage with great advantage.

Fig. 4 is a form of pessary to be used for the relief of cases of anteversion of the uterus. The perpendicular part is intended to be carried up into the superior part of the vagina, behind the vaginal part of the uterus which it is proposed the pessary should receive within its ring. It is presumed that the perpendicular back part of the instrument would have the effect of counteracting the tendency of the fundus uteri to fall forwards into the malposition of anteversion.

Fig. 5 is a good model for the construction of the cup-and-ball pessary. This instrument is to be exclusively used when the pelvis may be said to be without the natural flooring of perineum to sustain a common pessary. The bulk of the pessary is to be passed up into the vagina sufficiently high within the pelvis to receive the vaginal part of the uterus within its ring. The small open ring at the lower end of the staff of the instrument will then be found situated at the os externum in front of the vulva; where it can be accurately fixed in its situation by means of a double tape, one to connect it in front, and the other behind, to a girdle worn by the patient round the waist. By a simple contrivance of this kind, managed with a little dexterity, the worst forms of prolapsions of the uterus may be most importantly relieved.

Figs. 6 and 7 are two views of a very simple pessary made of Indian-rubber, on the suggestion of Dr. Rognetta. See a pamphlet entitled, Considerations sur le Cystocele Vaginal. Paris, 1833. See the Lancet for Dec. 21, 1833.

PLATE XI. C.—Opposite p. 756.

Fig. 1 exhibits the model of a speculum matricis, which has been often very conveniently used by the author, to examine both the orifice of the uterus, and portions of the internal surface of the vagina. The reader however should consider the handle as wrongly represented in the drawing. It should appear attached to the tube as the handle of the speculum represented in Fig. 2.

Fig. 2 is a representation of Dr. Recamier's speculum.

Figs. 4 and 5. Detached portions of the same instrument are intended to give a correct idea, when connected and well adjusted to each other, of Ricord's speculum. Ricord's speculum is an example of what some French writers have called a bivalve speculum.

Fig. 4 is a modification of Ricord's instrument. Instead however of being two-sided like his, it has four sides, but it is constructed with that difference essentially on the same principle. The author has not been able to ascertain the name of the introducer of this modification of Ricord's speculum ; he believes it to be a recent one.

PLATE XII.—Opposite p. 214.

The distribution of the veins of the lateral appendages of the uterus is so correctly as well as beautifully exhibited in this plate, as not to admit of further elucidation by much additional description.

Fig. 1 is the neck and body of the womb laid open.

Fig. 2 is the left ovary divided by an incision made through its substance so as to show its ova. A, shows the place of section at which the ovary and fallopian tube of the left side were removed. B, shows the distribution of the right spermatic vein. D, E, are distributions of branches of the uterine or internal iliac veins.

Fig. 3 is the right ovary removed by excision, but unopened, and presenting rounded prominences on its surface.

PLATE XIII.—Opposite p. 218.

The figures in this plate give representations at m, m, and n, n, of each figure respectively, of the anterior and posterior ligaments of the uterus.

PLATE XIII. No. 2.—Opposite p. 519.

Figs. 1 and 2 exhibit copies of two engravings, by which Littre's communication to the French academy on the subject of a double uterus which he had found on dissection, in the body of an infant two months old was illustrated. The third or principal figure is a copy with permission of an engraving of Dr. Robert Lee's case of a double uterus, published in the 17th vol. p. 474 of the Transactions of the Royal Medical and Chirurgical Society.

PLATE XIII. B.—Opposite p. 520,

Is a second view of Dr. Robert Lee's preparation as exhibited in the same volume of the Medico-Chirurgical Transactions.

PLATE XIV.—Opposite p. 656.

Figs. 1 and 2 are views of different parts of the same uterus. The former shows the commencement of the fibrous tumour in the substance of the posterior walling of the womb; and the other exhibits the satin wood character of the section of tumours of this description.

PLATE XV. immediately to follow Plate XIV., and therefore to be placed opposite to page 656; and Plate XVI. immediately to follow Plate XV., and also to be placed opposite to page 656.

These several Plates exhibit, in different forms and relations to the uterus, non-pediculated tumours of the fibrous kind. In Plate XV. Fig. 2, the tumours, although of similar character to the one exhibited in Fig. 1, is not imbedded within the parenchymatous structure of the organ itself, but contained within its cavity, and attached rather loosely by cellular membrane to its interior surface. In Plate XVI. are given two views of the same preparation. In Fig. 1, we have very strikingly the character in several distinct tumours of the tuberose or fibrous tumour when not pediculated, and within the surface of the body of the womb a specimen doubtless of a tumour of the same character as to its tissue, distinctly pediculated. In No. 2, we have exhibited a fibrous tumour hanging pendulously into the cavity of the abdomen, from the fundus of the uterus, to which it is attached by a thick neck or pedicle.

PLATE XVII.—Opposite p. 658,

Is a specimen of a large sarcomatous tumour, within the very substance of the parenchymatous tissue of the womb. The small letters a, a, are intended to represent the parietes of the uterus, and b, b, c, c, different parts of the tumour cut into perpendicularly to a great depth, so as to expose its volume, and in a great measure its texture. Its tissue may be said to have been truly of a sarcomatous character, but not properly fibrous nor membranous. Its section on the other hand presented an uniform smoothness as well

as great firmness upon the application of great pressure. It was at every part free from inflammatory or ulcerative disease. The surfaces marked d, d, d, d, of either side of the preparation, are intended to represent two horizontal incisions made through the parietes of the uterus inferiorly to the tumour, with a view to lay open the mucous surface of the body of the womb, and at the same time a superior part of its cervix; g is a specimen of a pediculated tumour of an inconsiderable size, taking its origin from the interior, and about the middle of the neck of the uterus. The h, h, are superior portions of the vagina laid open; o indicates a part of the great section through the whole of the anterior parietes of the uterus, in order to lay open the tumour; i, i, are portions of the round ligament of either side.

PLATE XVIII.—Opposite p. 659,

Represents a prodigious sarcomatous tumour, containing near its centre at d masses of carcinomatous tissue. From the depth of another central and somewhat subordinate tumour within the shadow on the left of d, there was a constant stillicidium of a sanious brownish fluid, similar to that from a cancerous ulcer, and not easily, if possibly, distinguishable from it. Mr. Abernethy, to whom the preparation was shown, pronounced positively that the disease was a specimen of true carcinoma.

PLATE XIX.—Opposite p. 599,

Exhibits a variety of pediculated tumours, taking their origin from different parts, and more especially from the fundus of the uterus; a shows the body of the tumour; b, the space surrounding it within the cavity of the uterus, upon its parietes being laid open; c, the boundary line between the uterus and the vagina; d the rugæ of a small portion of the vagina laid open. Fig. 2 shows the os tincæ somewhat developed, presenting within the vagina; b, a tumour presenting within its developed orifice ready to make its way into it; c, a portion of the anterior lip of the uterus, variegated at different parts of its boundary by glandular prominences. Fig. 3 shows a polypoid tumour of largish size, pediculated by a thickish neck, i marks the knot, b indicates the thick pedicle, c the body of the tumour. Fig. 4. A pediculated tumour of about the size of a large orange, suspended by its pedicle through the neck from the interior of the uterus; a shows a section of the vaginia; b, a portion of the neck of the uterus in a developed and relaxed state; c, the pedicle of the tumour; and d, the body of it.

PLATE XIX. B.—Opposite p. 664.

Fig. 1 is a representation of a bony deposit in the substance of the parenchyma of the uterus, being a preparation in the Museum of the University of London. Figs. 2 and 3 are copies of Figs. 4 and 1 of Plate XIII. vol. 3 of the Memoirs of the Royal Academy of Surgery, Paris, in illustration of Levret's Memoire sur les Polypes de la Matrice, opposite page 598 vol. 3 of the said Memoirs. Figs. 4 and 5 are copies of Figs. 1 and 2 of Tab. XXVI. in Haller's Disputat. Morborum, and given in illustration of Hankoph's Dissertatio de Mola. Halleri Disput. Morb. vol. 4, p. 730.

PLATE XX.—Opposite p. 633.

Fig. 1 is the double canula of Levret for effecting the strangulation of pediculated tumours; his previous instrument having been the single canula represented in Fig. 2. In Fig. 3 we have the double canula of Levret, with an appendage attached to its inferior extremity of a windlass, for gradually tightening the noose of the ligature. Figs. 4 and 5 are detached portions of Desault's contrivance for conveying ligatures over the necks of pediculated tumours.

PLATE XX. B.—Opposite p. 664,

Consists of views of an instrument, the principle of which was first suggested by Desault, but which has since been so far modified and improved, that it now deserves preference to any other contrivance that has hitherto been suggested for strangulating pediculated tumours. Figs. 1 and 3 are intended to represent a common canula, through which a strong silk cord is passed and carried through the ring of the strong steel staff represented by Fig. 2. A loop of strong silk thread is passed over the canula, and carried along it until it shall include a portion of the silk cord which, in Fig. 4, it is seen to convey over the neck of the tumour, and to be subsequently conducted into and through the ring of the iron staff in such a manner as to be better understood by the reader on his inspection of

PLATE XX. C. Figs. 1 and 2.—Opposite p. 635.

Inspection of the several plates is necessary to enable the reader perfectly to understand the mechanism of these contrivances.

PLATE XX. D.—Opposite p. 636.

This plate represents the most recently invented, or rather greatly improved instrument, by Richter and Gooch, for strangulating pediculated tumours. It seems well calculated to answer its intended purpose, when the neck of the tumour is of moderate thickness. For tumours of considerable size and great closeness of tissue, it appears to the author quite certain that so bulky an instrument, and one in its principle so essentially straight, could not be easily introduced by the operator, nor subsequently tolerated by the patient. For such cases, however, as it would seem best to suit, it has the merit of being a simple and beautiful piece of mechanism.

PLATE XXI.—Opposite p. 618,

Exhibits a case of an excrescent tumour of the uterus, which, by the force of its own development, eventually produced inversion of the parietes of the womb itself. a indicates the bladder; b, a portion of the peritoneal covering of the bladder; c, one of the corpora fimbriata; d, the left ovary; e, section of the pubis; f, an upper part of the vagina; g, portions of the left lateral ligaments of the uterus; h, the uterus inverted and laid open, so as to show its interior subsequently to its inversion, but originally its external surface; i, supposed entry into one of the fallopian tubes, with one bristle introduced into it, and another passed under and supporting it; k, the neck and body of the tumour, viz. the stem of the tumour at the two higher points on the Plate where it is inserted, and the prolapsed body of it where it is seen in three several places lower down.

PLATE XXI. B.—Opposite p. 637,

Gives a view of the unfortunate case of strangulation of part of the uterus, drawn from its natural position into a case of so much inversion as to have been brought within the action of the noose which was employed by Dr. Hunter to strangulate exclusively the pedicle of a polypoid tumour. The case is given at length in the page of the letter-press referred to, on the authority of Dr. Gooch.

PLATE XXII.—Opposite p. 698,

Fig. 1, exhibits the uterus in a state of indolent scirrhosity, enlarged in bulk, but not ulcerated. The shaded space a, a, exhibits the interior of the body and neck of the diseased womb. Its orifice appears to have lost its usual defined limits. Fig. 2 shows the same disease at a more advanced period; the body remaining in its condition of simple scirrhosity, but its neck considerably broken down by solutions of continuity. a, shows the smooth surface of the interior of the body; b, b, represent sections of the parietes of the organ; c, c, apertures made by the disease in the neck of the uterus and in the vagina; d, a section of the vagina.

PLATE XXII. B.—Opposite p. 701,

Exhibits a section of the uterus and the vagina in a state of advanced scirrhoma, of the fundus and body of the former, and of carcinoma of the upper part of the latter. a shows the disease in its most malignant form, as it affects a superior portion of the vagina; b exhibits the scirrhus of the parietes of the uterus in its indolent stage; c shows the interior of the body of the uterus very slightly affected by the encroaching malady; and d, the inferior tracts of the vagina, without being at all affected by it.

PLATE XXII. C.—Opposite p. 704,

Exhibits a section of an uterus, considerably enlarged and hollowed out by carcinomatous disease. a, a, a, show the progressive character of the malignant affection, as it implicates different portions of the interior of the uterus; b, a solution of continuity committed by the encroachments of the diseased action; c, c, c, c, give the continuous section of the parietes of the organ; d exhibits the left fallopian tube in a state probably of hydropical distention.

DESCRIPTION OF PLATES.

PLATE XXII. D.—Opposite p. 708,

Represents an uterus, with its vaginal appendage, in a state of advanced cancer. The malignancy of the malady appears very greatly to have encroached, and very nearly to have demolished, the natural tissues of the parts concerned. a, a, a, a, may be said to characterize the remnants of what are seen to have been the parietes of the womb; b, b, b, are also remaining portions of the vagina; c, a large rent or solution of continuity in the posterior walling of the vagina; d, d, d, d, show the lower parts of the vagina not greatly affected by the disease.

PLATE XXII. E.—Opposite p. 723.

In this plate we observe the extreme and all possible devastations of tissue which carcinoma can commit. The drawing itself tells its story so well as to render all further explanation unnecessary.

PLATE XXIII.—Opposite p. 741.

Figs. 1 and 2 of this Plate are representations of the same disease, at different periods of its progress. The body of the uterus, marked a, in Fig. 1, and b, marking the cauliflower excrescence of its inferior extremity, suggest to the recollection of the author the precise state of the disease when he first saw the poor patient who was the subject of the malady. The whole of the uterus, from an inferior portion of its neck upwards, was free from disease, whilst the lower part of the neck and its orifice furnish the characteristic fact, first called by the late Dr. John Clarke the "Cauliflower Excrescence of the Uterus." From the date of the visit alluded to, up to the period of the patient's death, including a period of about a twelvemonth, the malady made such rapid havoc, as may be easily inferred from the representations of its two stages, as given in the respective figures. Fig. 1 gives graphically the disease as described by Dr. John Clarke; and Fig. 2, the Cerebriform Cancer or Cephaloma, and otherwise variously denominated by late authors.

PLATE XXIV.—Opposite p. 684,

Very faithfully represents a case of hydatids of the uterus, together with both ovaries enlarged and otherwise diseased.

PLATE XXV.—Opposite p. 670.

The uterus, containing the immense mola represented in this Plate, was that of a single woman, who, there was sufficient reason for believing, had never been exposed to the influence of impregnation. a represents an anterior portion of the left side of the uterus; b, a portion of the substance to which we have given the designation of Mola. The flocculent tissue immediately above that part had probably been vascular, and served the office of connecting the diseased mass with the surface of the uterus. c, a portion of the interior of the neck of the uterus, partially developed; d, a part of the anterior lip of the uterus; e, a small transverse tract of the vagina, displaying indistinctly its verge; f exhibits a part of the anterior walling of the uterus, where it had been vertically incised.

PLATE XXVII.—Opposite p. 773,

Exhibits the uterus, with its accompanying right ovary, much affected by organic disease: Fig. 1, a, is the diseased right ovary; b, represents the coronæ of teeth imbedded in its substance; c, d, are parts of the general irregular cavity which had given lodgment to ossicula, 2, 3, 4, 5, 6; e is the uterus; f is a portion of its cervix laid open; g is a hard tough fleshy tumour within the substance of its body laid open.

PLATE XXVII. B.—Opposite p. 773, and immediately to follow Plate XXVII.,

Presents the reader with another exceedingly well-drawn representation, copied indeed from Dr. Baillie's Plates, of an ovary similarly affected.

Fig. 1, a, exhibits the peculiar tissue of the ovarian part of the preparation; b, the coronæ of two teeth, of which there are two others to be seen on the opposite boundary of the section.

Fig. 2 may be well understood without the aid of a particular description.

DESCRIPTION OF PLATES.

PLATE XXVII. C.—Opposite p. 776.

Fig. 1 presents a view of the uterus laid open, and showing within its cavity a morbid growth from its fundus, accompanied by small membranous-looking cavities, containing fluid of its accompanying ovaries

Fig. 2 is a view of the same uterus, placed in a different position.

PLATE XXVII. D and XXVII. E facing each other, and immediately following Plate XXVII. C.

Plate XXVII. D. a, the uterus appearing externally not to be the subject of any disease; b, the ovarian ligament; c, c, c, lobular masses of ovarian structure, presenting the character of the disease designated encysted dropsy of the ovaries. Plate XXVII. E. exhibits a prodigious cyst of the opposite or right ovary laid open; a, is a view of the outside of the cyst; b, a view of its interior; and c, a view of a round diseased tubercular body enclosed within its cavity.

PLATE XXVII. F immediately to follow Plate XXVII. E and with its face towards the left.

Fig. 1, a, the uterus; b, the fallopian tubes; d, the right ovary; e, the left ovary; f, a portion of the peritoneum.

Fig. 2. Two considerable cysts of an enlarged ovary.

Fig. 3, a, a diseased ovary laid open; b, b, cysts of the same laid open; c, a section of one of the fallopian tubes; d, the fimbriated termination of the other fallopian tube.

PLATE XXVIII.—Opposite p. 840,

Exhibits eight specimens of ova during the earliest weeks and months of gestation.

Figs. 1, 2, 3, 4, 7, 8, give very beautiful views of the fœtal membranes, several of them at the same time giving accurate representations of the fœtus at different periods of its growth.

Fig. 5 displays especially the maternal membrane, the decidua; a, representing most exquisitely the reflexion of its interior layer, which has acquired the designation of decidua reflexa. The preparation, of which Fig. 5 is a drawing, is to be seen in the Anatomical Museum of Mr. John Taunton of Hatton Garden.

Fig. 6 is an entire ovum unopened, and therefore exhibiting exclusively the maternal membrane, the decidua. All the preparations given in this plate, with the exception of Fig. 5, are specimens in the Museum of the University of London.

PLATE XXIX.—Opposite p. 849.

The fœtus seen coiled in situ within the uterus, at about the seventh month of gestation. The different parts of this plate will be easily understood by persons moderately well acquainted with the subject. The plate itself is a copy of one of Hunter's plates on the Gravid Uterus.

PLATE XXX.—Opposite p. 834.

This plate represents several portions of umbilical cord, together with a double placenta.

Figs. 1 and 2 are portions of the bloodvessels of the umbilical cord injected; the arteries in each figure being seen coiling round their respective vein. In Figs. 4 and 5, besides being similarly distributed, the vessels of each cord may be seen to be remarkably and somewhat intricately knotted.

Fig. 3, besides showing the umbilical cord of each ovum distinctly within its proper cavity, as formed by their common membranes, shows also very satisfactorily the membranous wall of separation between the two fœtal chambers.

PLATE XXXI.—Immediately to follow Plate XXX.,

Exhibits a triple placenta. It scarcely requires a particular description. Its very name takes for granted that the several placental masses are in such close apposition as to form one entire body.

PLATE XXXI. B.—Immediately to follow Plate XXXI.

This plate represents a placenta recently injected; with the membranes still attaching.

DESCRIPTION OF PLATES.

PLATE XXXI. C.—Immediately to follow Plate XXXI. B.

This plate is a representation of the internal surface of the uterus at the full period of gestation, and is especially intended to show its prodigious vascularity.

PLATE XXXII.—Opposite p. 1099,

Fig. 1, gives a specimen of the author's common forceps. The length of the instrument between the blades is given at $6\frac{1}{2}$ inches, marked by the dotted median line drawn equidistantly between the blades. The greatest breadth between the blades, taking the external limits of the instrument in that direction, marked by the dotted line C, B, C, is given at $2\frac{5}{8}$ inches. The greatest breadth between the blades, taking the internal limits marked by the dotted line e, is $2\frac{1}{2}$ inches, and the greatest breadth in the direction of the dotted line, D, is $2\frac{1}{6}$ inches.

Fig. 2 shows the convex part of the blade of the left-hand instrument.

Fig. 3 shows the construction of a joint in the handle of the left-hand instrument.

Fig. 4 is an attempt to exhibit the concavity of the blade of the left-hand instrument.

Fig. 5 is a similar attempt to exhibit the concavity of the right-hand blade.

PLATE XXXIII.—Opposite p. 1115.

It being to be understood that the short obstetric forceps recommended in this work are like Levret's forceps, curved in the direction of their blades, plate XXXIII. exhibits the mode of handling the left-hand blade, as also the position of the patient on her left side, during its application. The drawing meets the intention so completely, as to render description wholly superfluous.

PLATE XXXIV.—Opposite p. 1116.

This drawing is intended to show the handling of the right-hand blade of the common forceps during its introduction into the pelvis. It is introduced by the right hand along the right side of the patient's pelvis, and therefore is properly designated the right-hand blade. The point of the instrument is to be carried obliquely from the fourchette to the sacro-iliac junction, and then gradually to the side of the pelvis, and eventually to a perfect parallelism with the other blade already introduced. The second figure on the right of the principal one, is a view which we may occasionally observe a dexterous practitioner make use of for the introduction of the point of the right-hand blade.

PLATE XXXV.—Opposite p. 1119,

Fig. 1, shows the tract of the head which the forceps when perfectly well applied should cover. In this Figure the reader will observe that the side of the cheek and chin, the greater part of the ear and the parietal protruberance, should be included within the fenestra of the right-hand blade which presents itself nearest to view.

Fig. 2 gives the stages of the change of direction which the right-hand blade is made to take during its introduction into the pelvis. A, represents the point of the instrument when about to be introduced immediately within the fourchette. B, its limited change of direction towards the side of the pelvis, when introduced about two and a half inches. C, a third change of direction still higher up towards the side of the pelvis, when the point is about to ascend towards the neighbourhood of the sacro-iliac junction; and D, the locality of the point of the instrument, upon its arriving at its ultimate destination, into full parallelism with the other blade.

PLATE XXXV. B.—Opposite p. 1100.

Fig. 1. On account of peculiar conformations of the pelvis, it might be inconvenient to attempt the use of forceps with two blades, having the breadths of both blades of the author's common forceps. To meet the peculiar indications of this kind, the reader will find in this Plate an useful modification of the instrument. The auxiliary blade, represented as the right-hand branch, is very narrow compared with its broader counterpart.

Fig. 2 is a representation of the stilette which the author usually employs to rupture the membranes, when he has it for his object to discharge the liquor amnii.

DESCRIPTION OF PLATES.

PLATE XXXVI.—Opposite p. 1124,

Gives a representation of the use of the forceps, and of the extreme caution to be employed in using them when the head of the child is brought down to bear upon the perineum and os externum. The drawing itself makes the lesson which it is intended to convey both more intelligible and impressive than it could be made by the most graphic description.

PLATE XXXVI. B.—Opposite 1136,

Presents the author's long forceps in actual application to the fœtal head, supposed to be arrested at the brim of the pelvis in a transverse position; the occiput being determined to the right, and the forehead to the left side of the mother. It consists of two counterparts of unequal length, as well as of different and unequal powers. The longer one is covered with leather, and lined with a padding of cotton and of the softest flannel; a considerable part of its blade, as may be seen in the representation, being intended to apply firmly to the face of the child. At the distance of about one and three quarters of an inch from its extremity, the blade has a joint in it at b, admitting of a limited degree of flexion and extension. When this branch of the instrument is carried up to its proper destination, the jointed part of the blade will be found to correspond with the superior portions of the face. The movements of the portion of it anterior to the joint are made obedient to the practitioner's will. The longer blade, of which we have been already speaking, is then to be passed up along the left side of the pelvis, in the state of full extension. When distinctly felt to have passed over the great convexity of the forehead, and ascertained by examination to be so far properly introduced, the anterior part of the blade is to be bent down and applied closely to the face; which is to be effected by moving the nut *a* upwards. This little contrivance is very simple, and its mechanism is well represented in

PLATE XXXVII.—Opposite p. 1138.

Fig. 3 of this plate represents the construction and mechanism of the long blade, when seen without its covering of leather. The shorter branch, Fig. 1, is then to be passed up along the right side of the pelvis, and applied to the child's occiput, to act both as a fulcrum and an antagonist to the other.

PLATE XXXVIII.—Opposite p. 1102.

The blades of this instrument are of unequal length. The longer is intended to apply to the latero-frontal parts of the fœtal head and face, and is to be carried up in the direction of the anterior termination of one of the oblique diameters of the pelvis, while the shorter blade is to be carried up in the direction of the opposite termination of the same diameters, so as to correspond to one or the other, as the case may be, of the sacro-iliac junctions, and applied to an occipito-lateral part of the head, immediately behind the ear.

PLATE XXXIX.—Immediately before Plate XXXVI.

In this plate is given a representation of a most useful form of the forceps with blades of unequal length. In his lectures, the author is in the habit of showing this variety of the forceps as the one which he exclusively employs for abducting the head, when the presentation is complicated with prolapsion of a portion of the umbilical cord. He begs however to add, that he often uses it in cases of more than ordinary confinement or peculiarity of conformation of the pelvis, when he finds it inconvenient to introduce the right-hand blade of the common forceps.

PLATE XXXIX. B.—Opposite p. 1155, and there incorrectly represented as Plate XXXIX.

The guarded crotchet is well represented as the entire instrument in Figs. 1 and 2, and in its separate parts in Figs. 3 and 4 of this plate. In addition to the directions given for using the instrument in the corresponding letter-press of this part of the work, the story of its application is so well told in this excellent plate as to render further description quite unnecessary.

PLATE XL.—Opposite p. 1157.

The crotchet part of the instrument described in Plate XXXIX. B, was intended to transfix the fœtal head from the outside, but as it has been the practice of some operators to fix the crotchet into the skull from within its cavity, the author has furnished the method presented in this plate for meeting this occasional

preference. We have here therefore represented a guarded crotchet, consisting, as in the former case, of two counterparts; one the crotchet part, as may be seen, with three stems or prongs in Fig. 3, to be introduced into the interior of the skull, and the other to be passed up as a guard to it on the outside of the head.

PLATE XLI.—Opposite p. 1162,

Is intended to extract the body in cases of great confinement of the pelvis after the removal of the head piecemeal. This plate is intended to give the maker a clear idea of the construction of the instrument.

PLATE XLI. B.—Immediately to follow Plate XLI., and consequently to face p. 1162.

The use of this instrument is so faithfully represented in the plate, that the reader will instantly comprehend both its object and mode of application.

PLATE XLII.—Opposite p. 1172.

Figs. 1 and 2 represent a little contrivance, of the author's own suggestion, for the decapitation of the fœtal head, in cases of impossibility or extreme difficulty of effecting the delivery by turning.

Fig. 3 represents a contrivance for effecting the same object, suggested, or at least greatly modified and and improved, by the author's valued friend and colleague, Dr. Ramsbotham.

PLATE XLIII.—Opposite p. 1164,

Gives a representation of an instrument to which the author has given the designation of Osteotomist, which in point of fact is a pair of bone-cutting pliers. It is an example of a new application of mechanical power, combining the principles of a punch and pair of scissors. The whole of the instrument is made of solid and well-tempered steel.

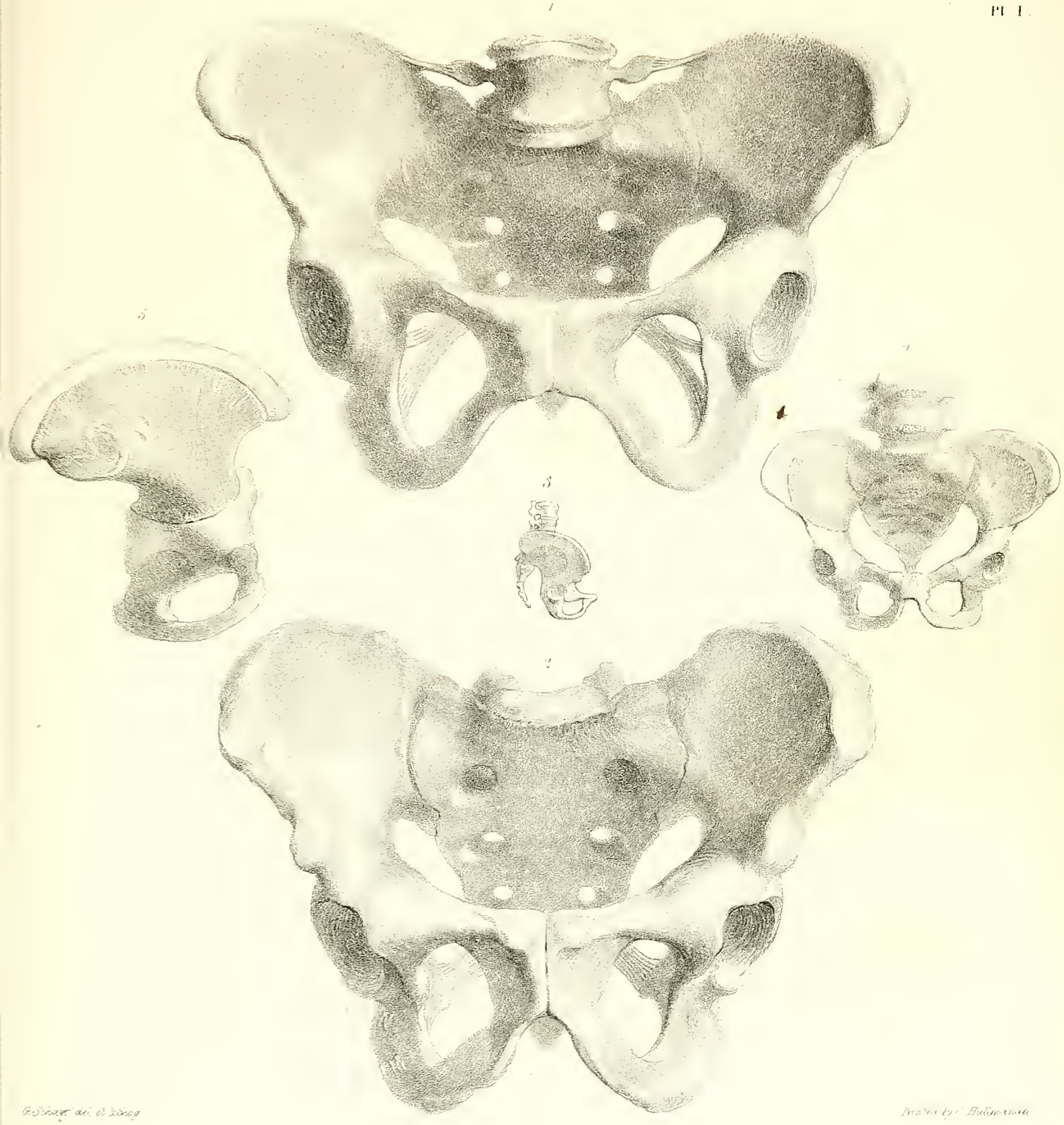
PLATE XLIII. B.—Opposite p. 1166.

This plate represents simply a different form of instrument, and one better adapted to cases for the relief of which it is found most convenient to effect the abstraction of long portions of the fœtal skull and scalp. The different Figures, 1, 2, 3, 4, 5, together with A and B, are given to assist the artist in the construction of the instrument.

PLATE XLIV.—Opposite p. 1054.

This Plate exhibits in different portions an apparatus which, when connected, might be truly denominated an uterine tourniquette. The belt, Fig. 1, which forms the upper part of it, is intended to surround the waist, and to be bound firmly round the body, with the assistance of its appendage system of straps, as shown in Fig. 2. As the belt would surround the patient's person too high up to produce an adequate bearing upon the locality of the uterus, the pad 5 is intended there to be placed and connected with the belt, Fig. 1, by means of the straps and buckles which are shown on its convex surface. As connected with the entire person of the patient, the same pad there marked Fig. 3, is seen applied to the hypogastrium with straps affixed to it, which are carried between the thighs and over another pad previously made to cover the external orifice of the vagina, and thence conducted to be affixed by buckles and straps to the portion of the belt which passes over the spine, and which, for the comfort of the patient's feelings, is there when necessary protected with another thin padding. The principal pad, Fig. 5, being made of firm and closely-packed materials, and firmly applied to the hypogastrium, and admitting of being unlimitedly tightened, it is obvious must produce such a pressure as would most absolutely operate under any circumstances as a preventive of further loss of blood from the uterus.

The author begs to recommend the most important of the above instruments to be ordered of Mr. Botschan, of No. 35, Worship-street, Finsbury-square, whose materials and workmanship may be always depended upon; or of any of the larger houses in the trade who are known to supply themselves with obstetric instruments of his construction.



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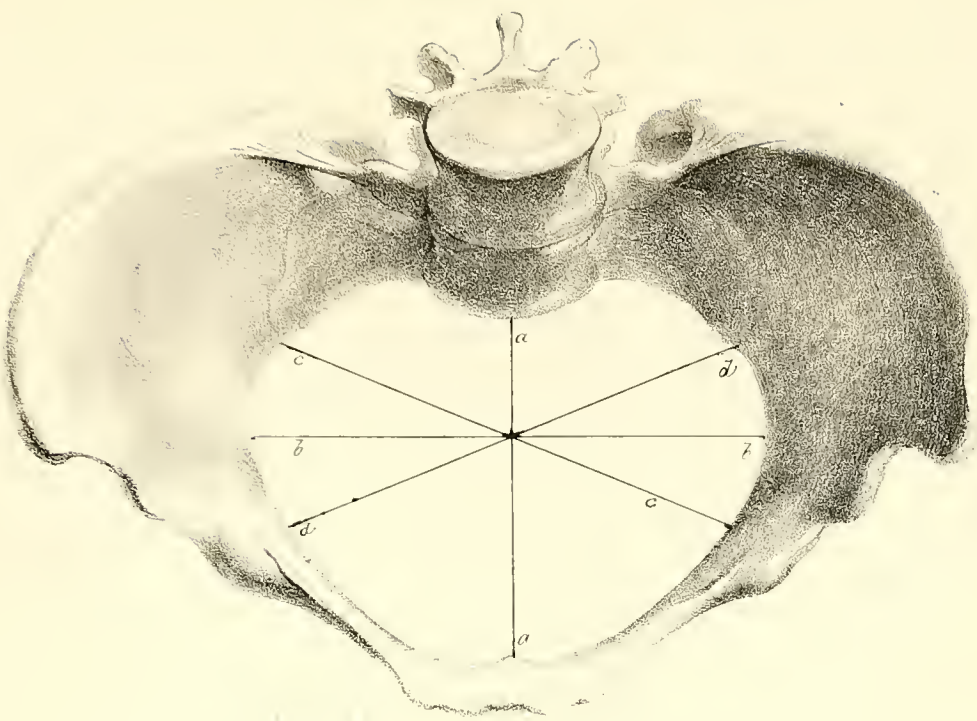

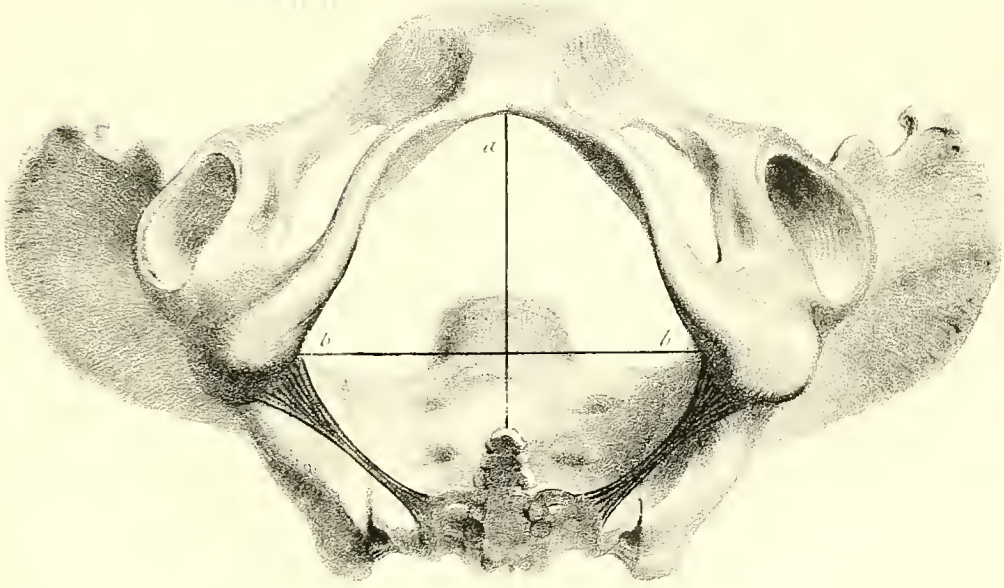

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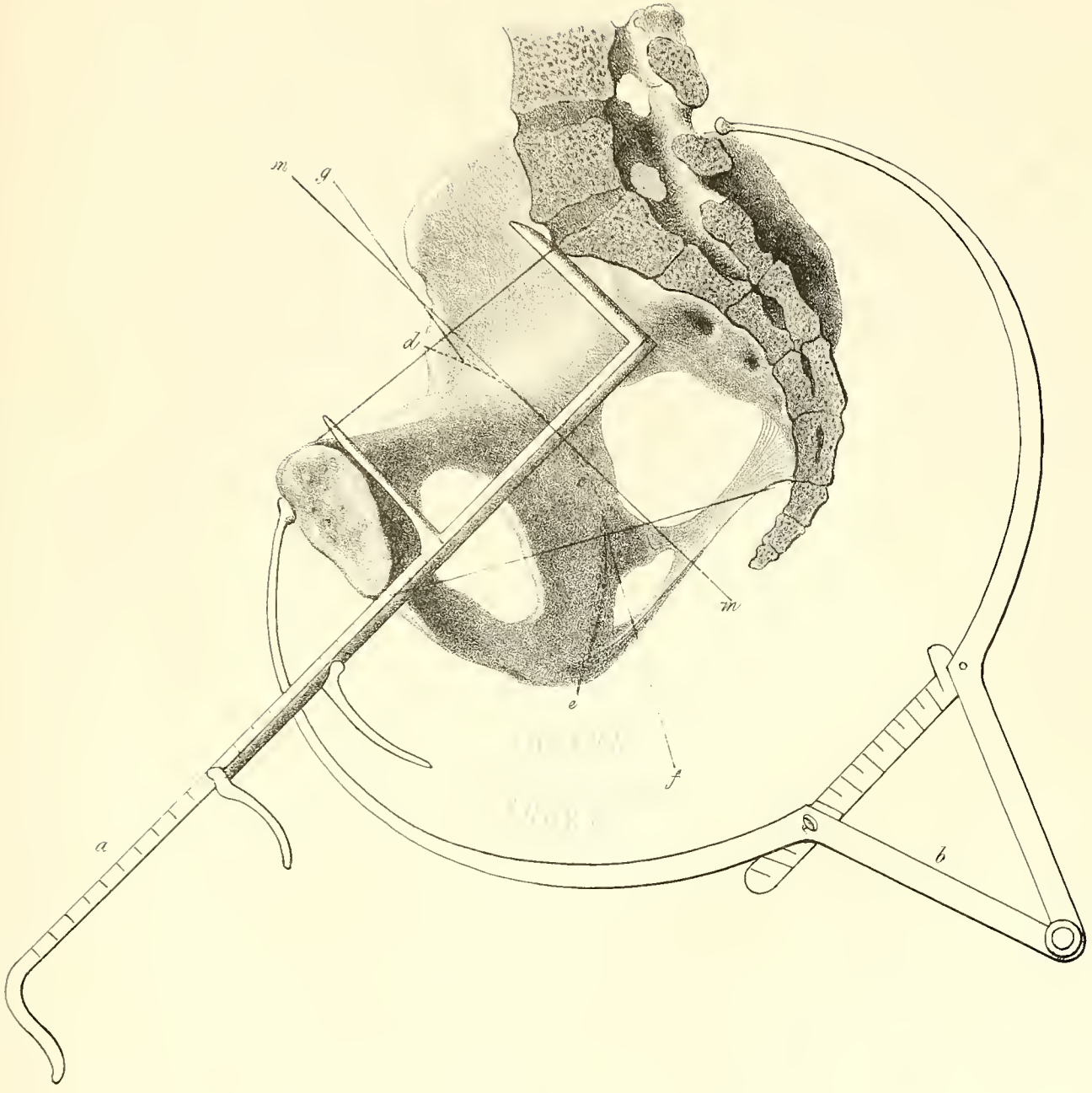

a Coutouly s pelvimeter.
b Boudelocque's callipers

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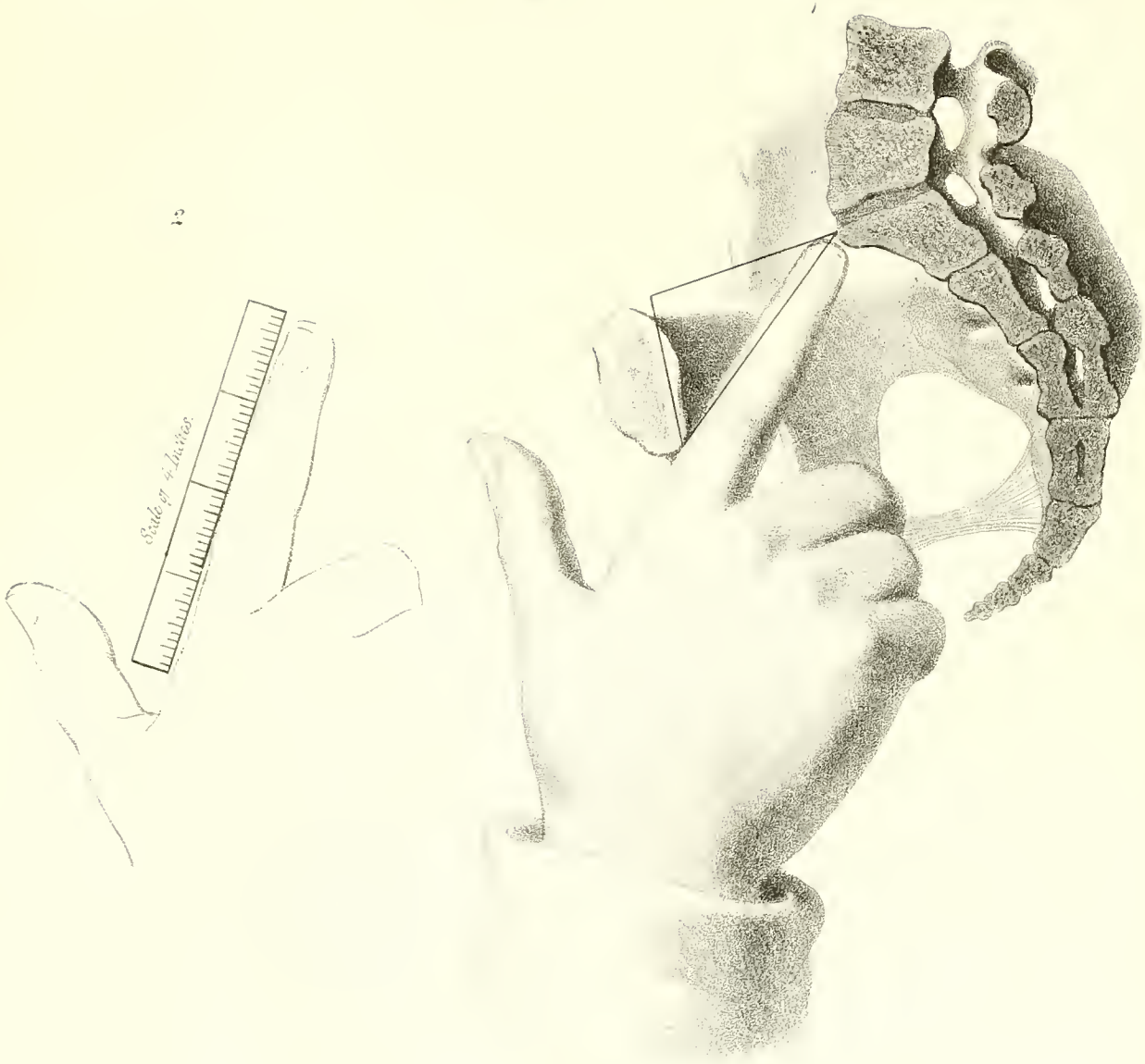
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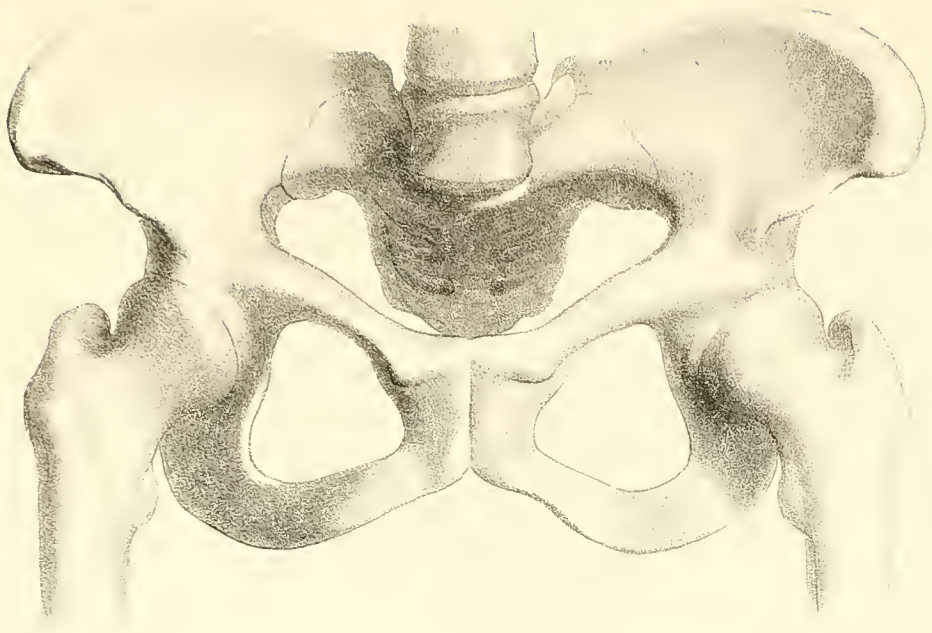

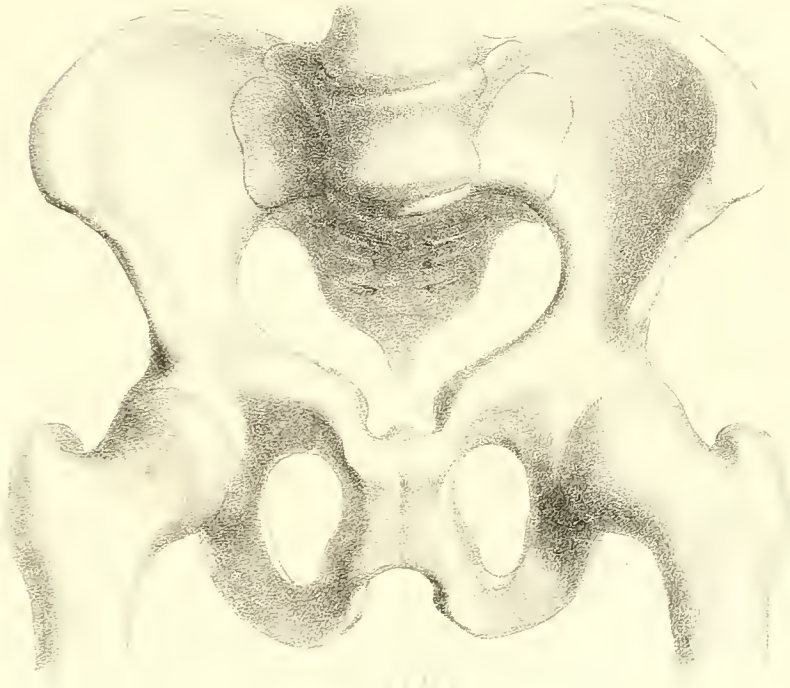

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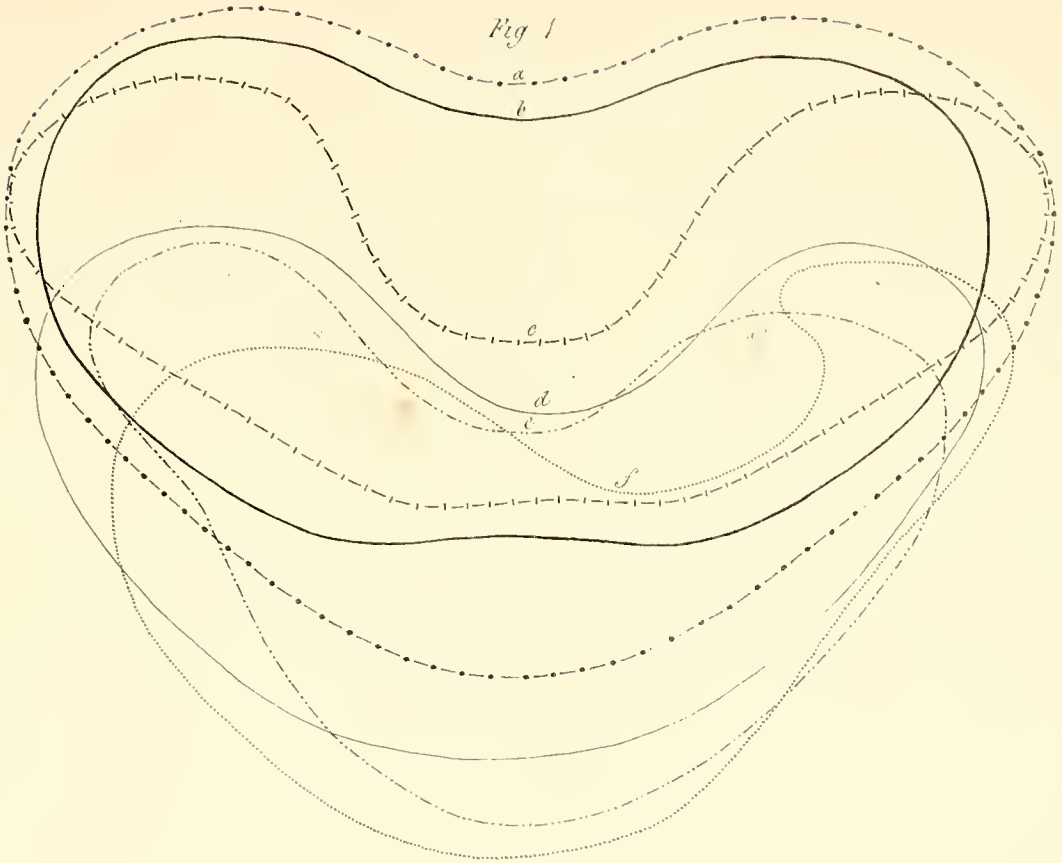
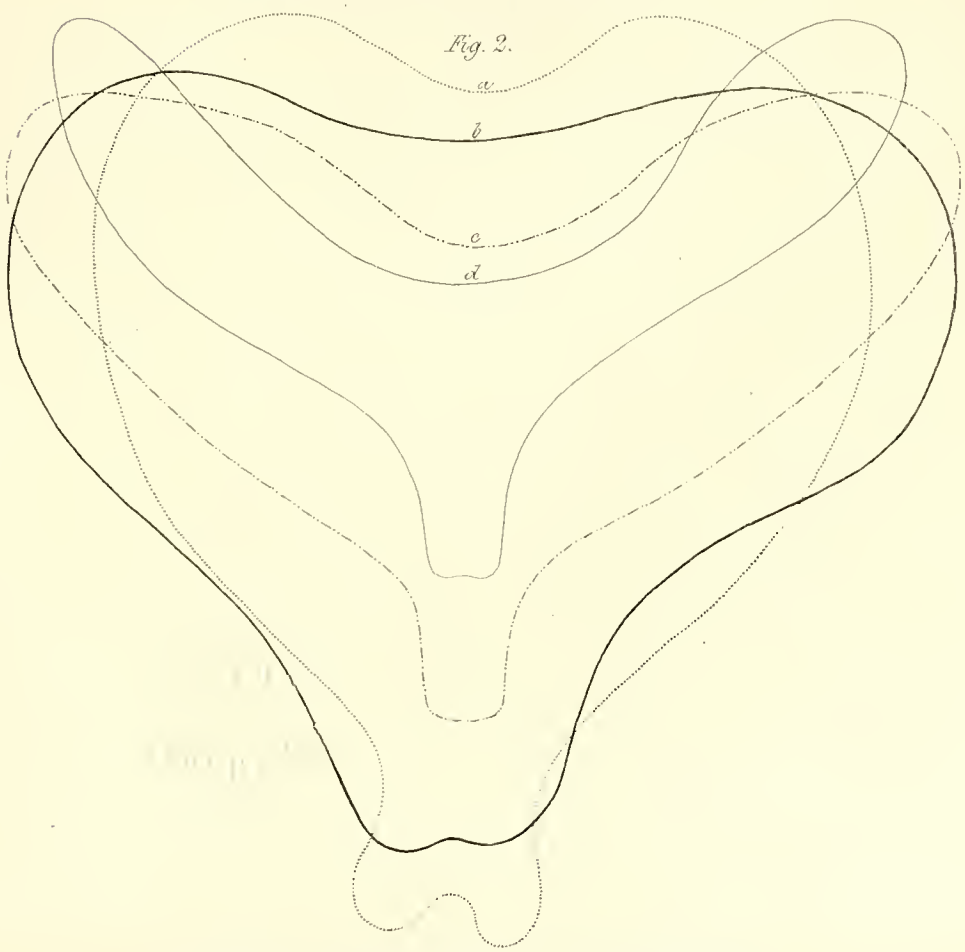


Sketches of brims of Pelves distorted by Rickets.

Fig. 2.



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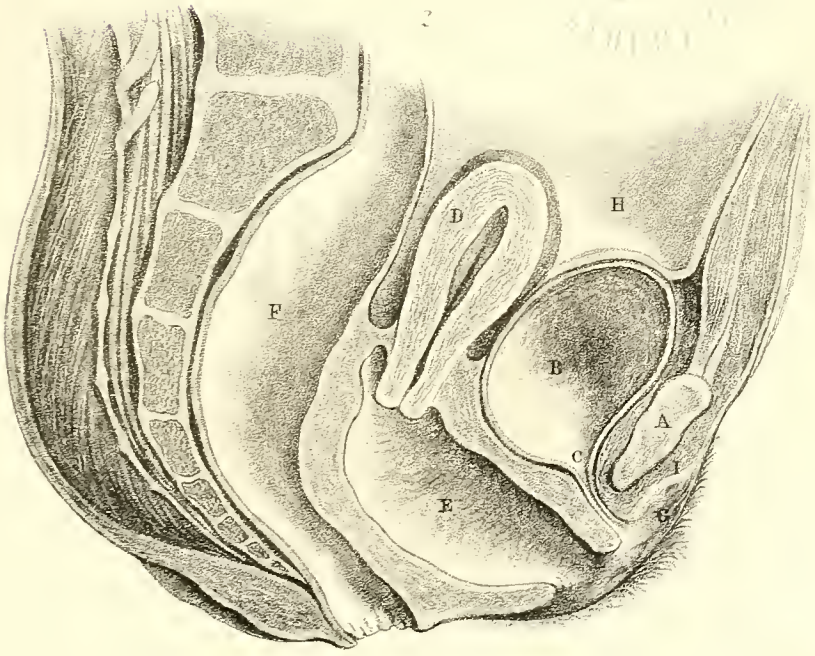
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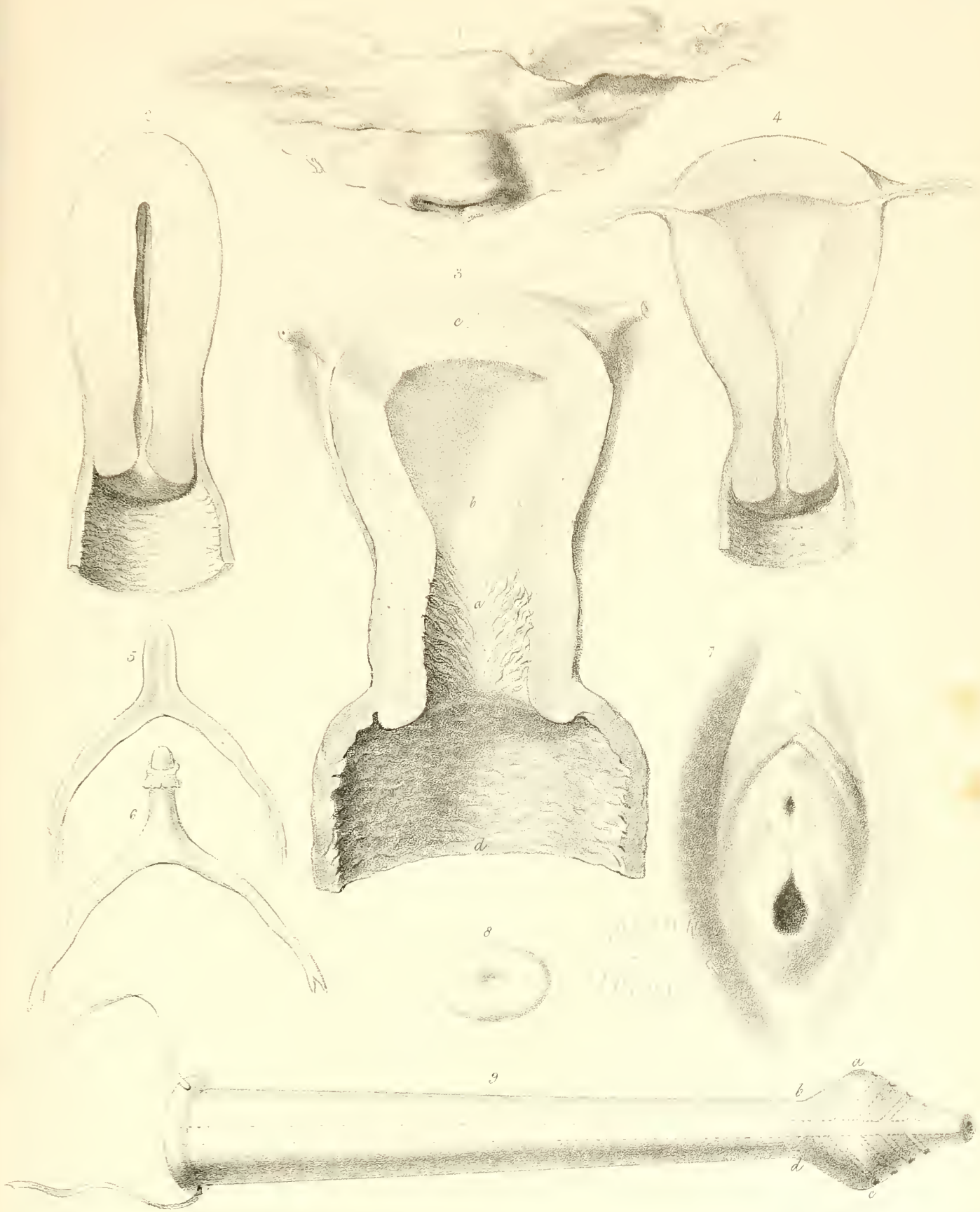

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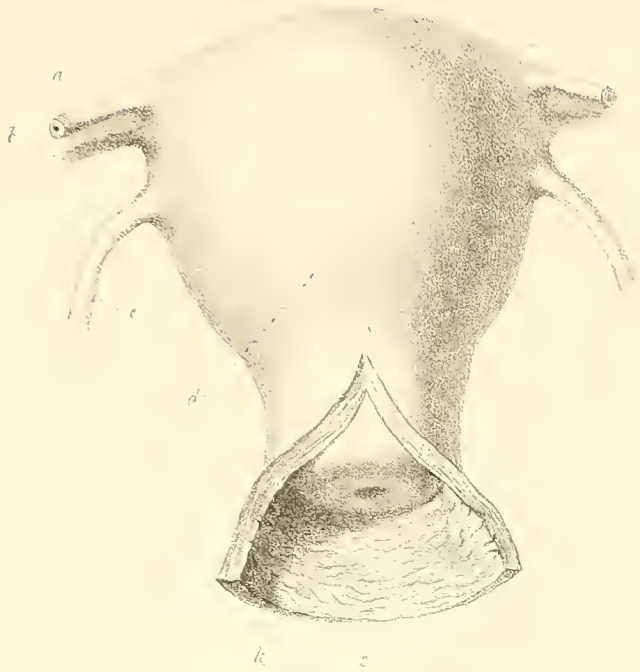

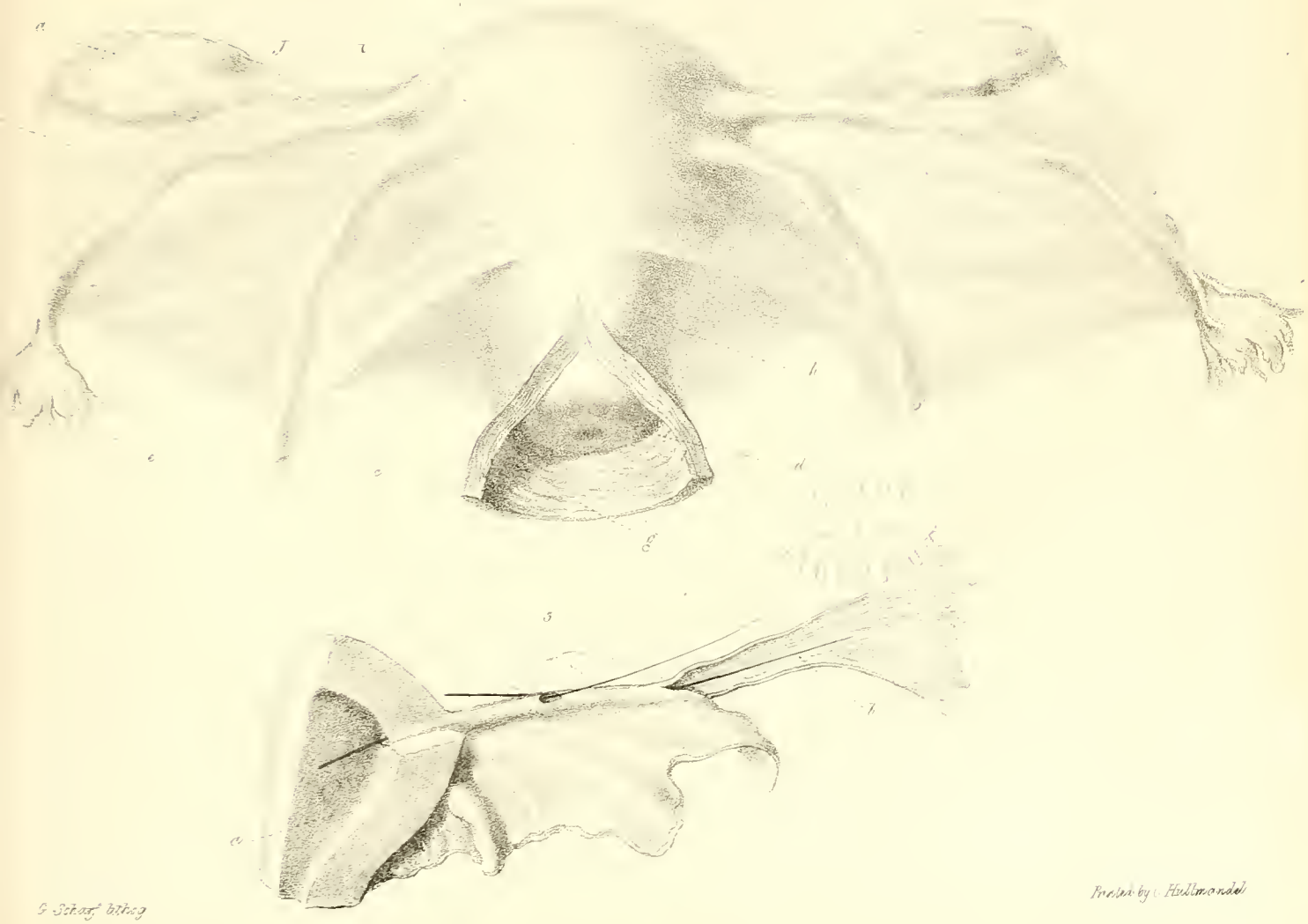

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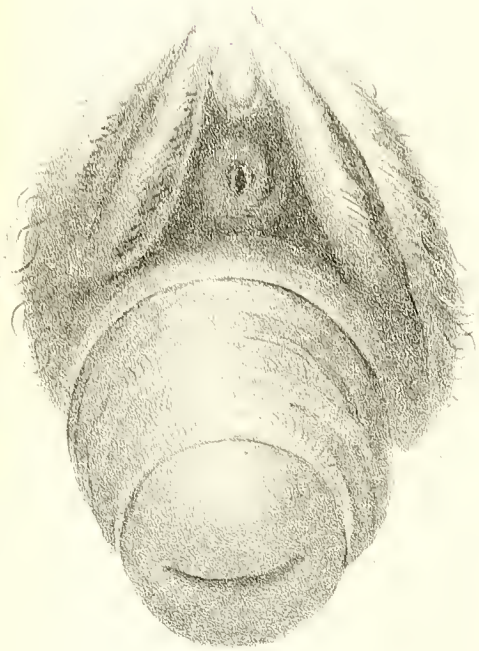
Fig. 3.

Fig 1



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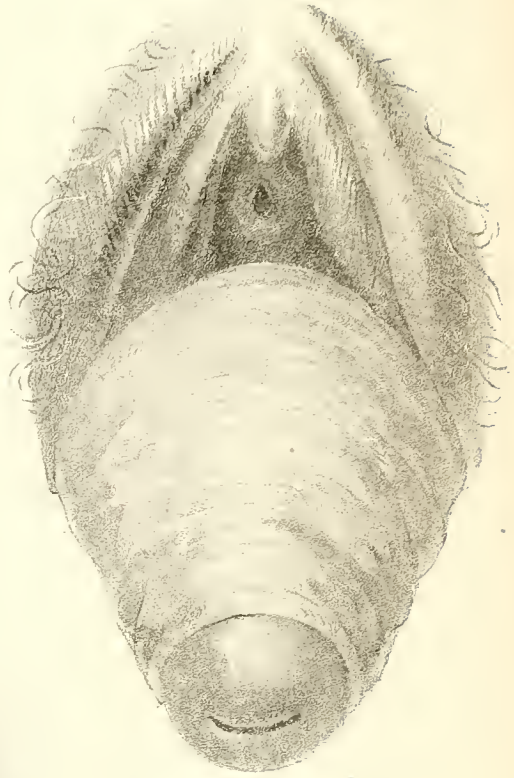

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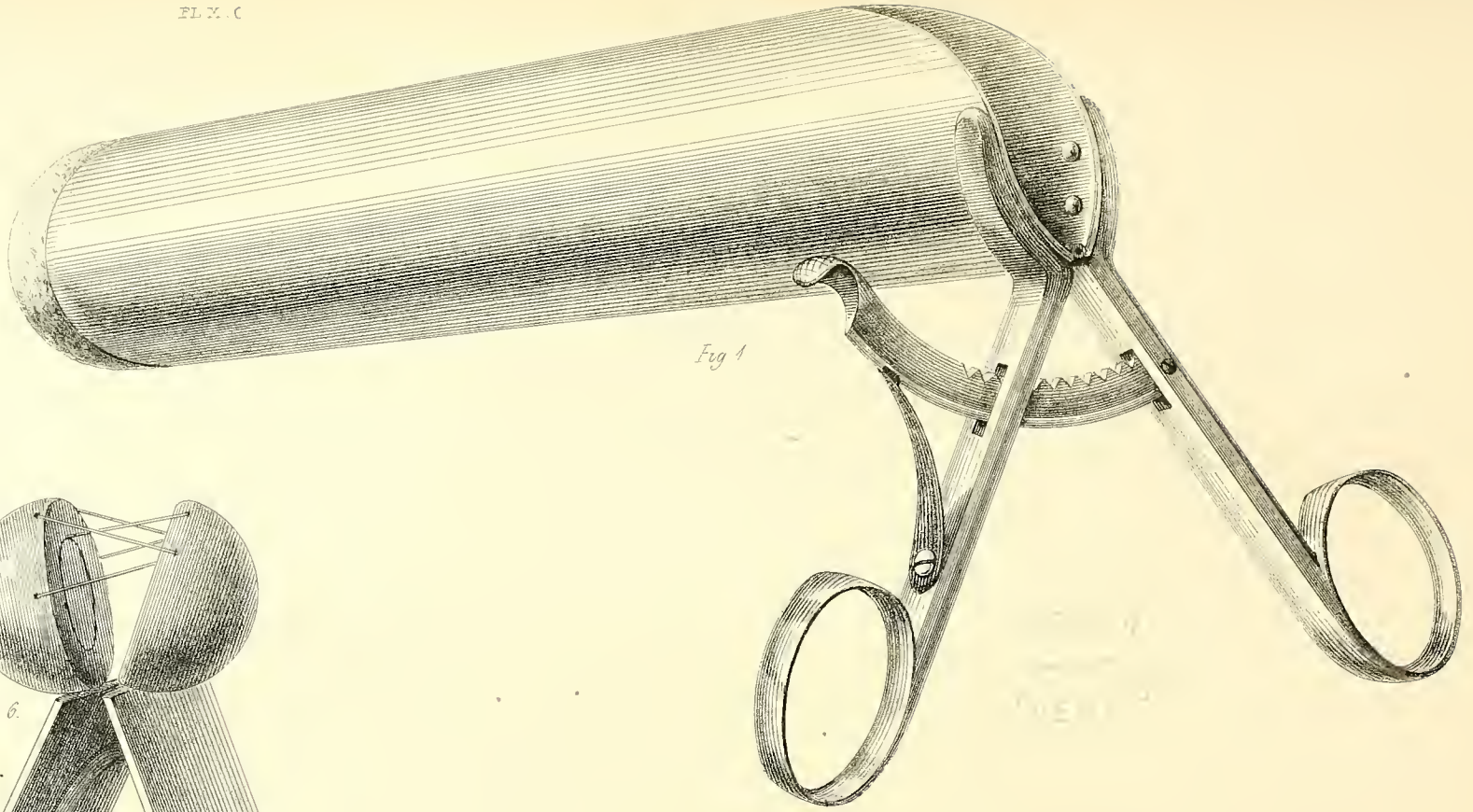

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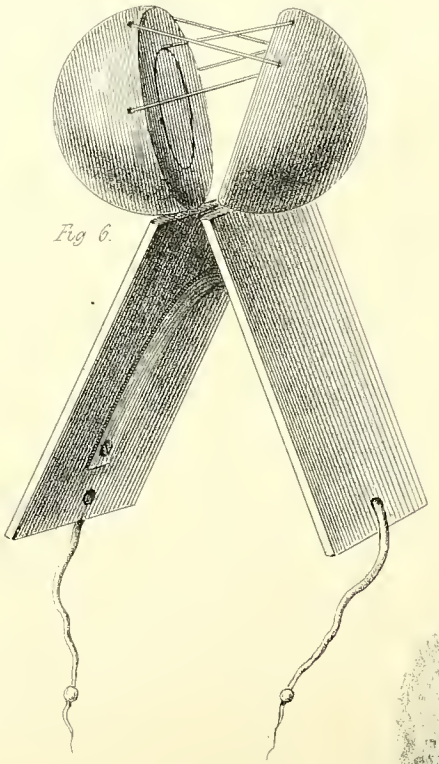
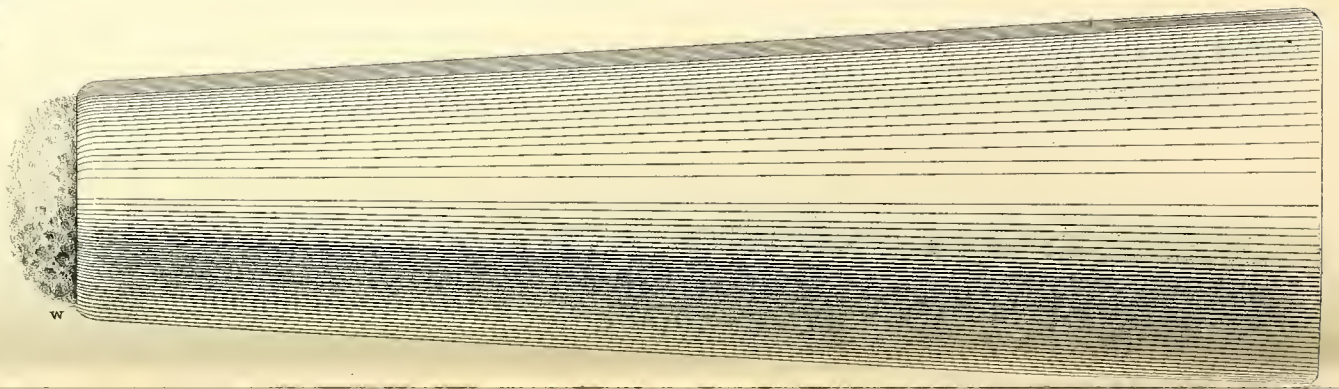


Fig 6.

Fig 3.



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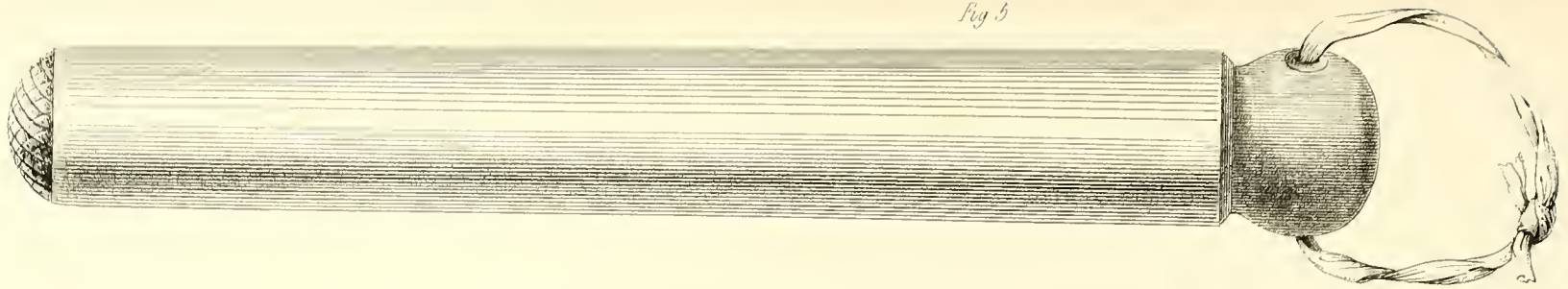

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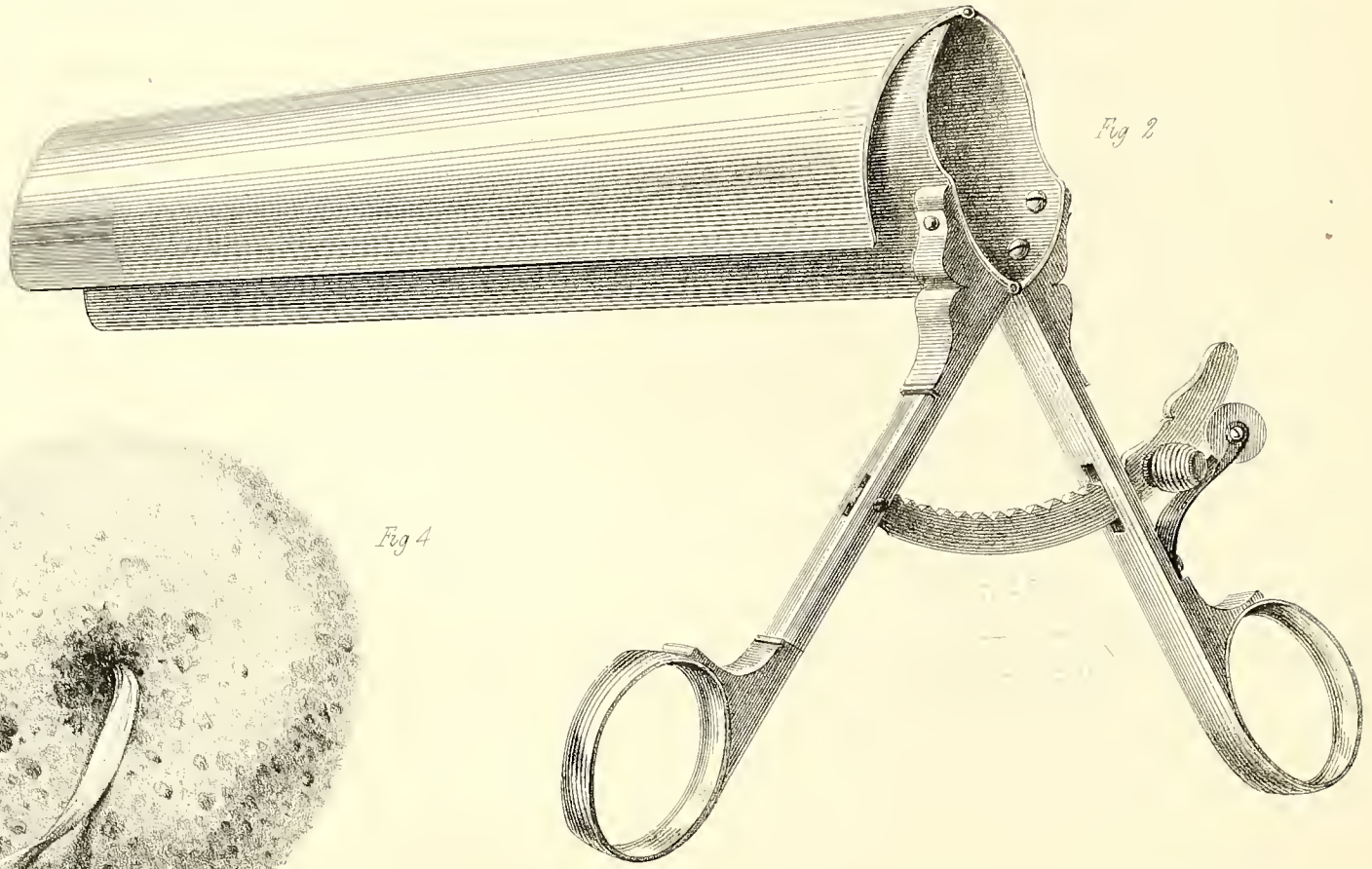

Fig 4

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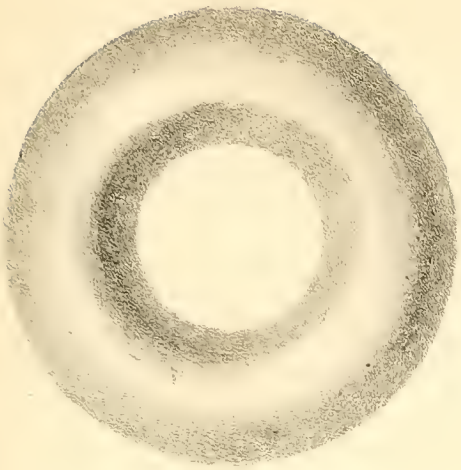

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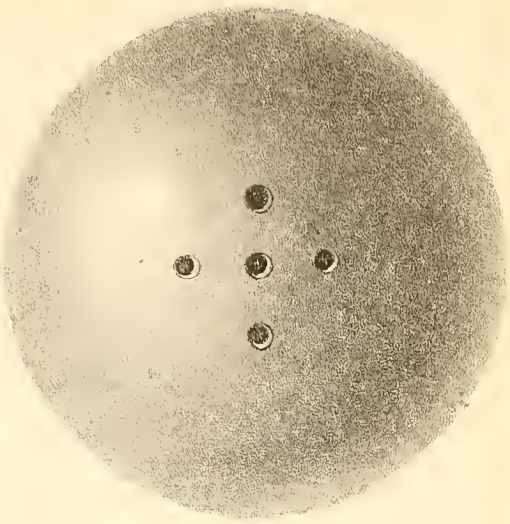

Fig 3.

Fig 4

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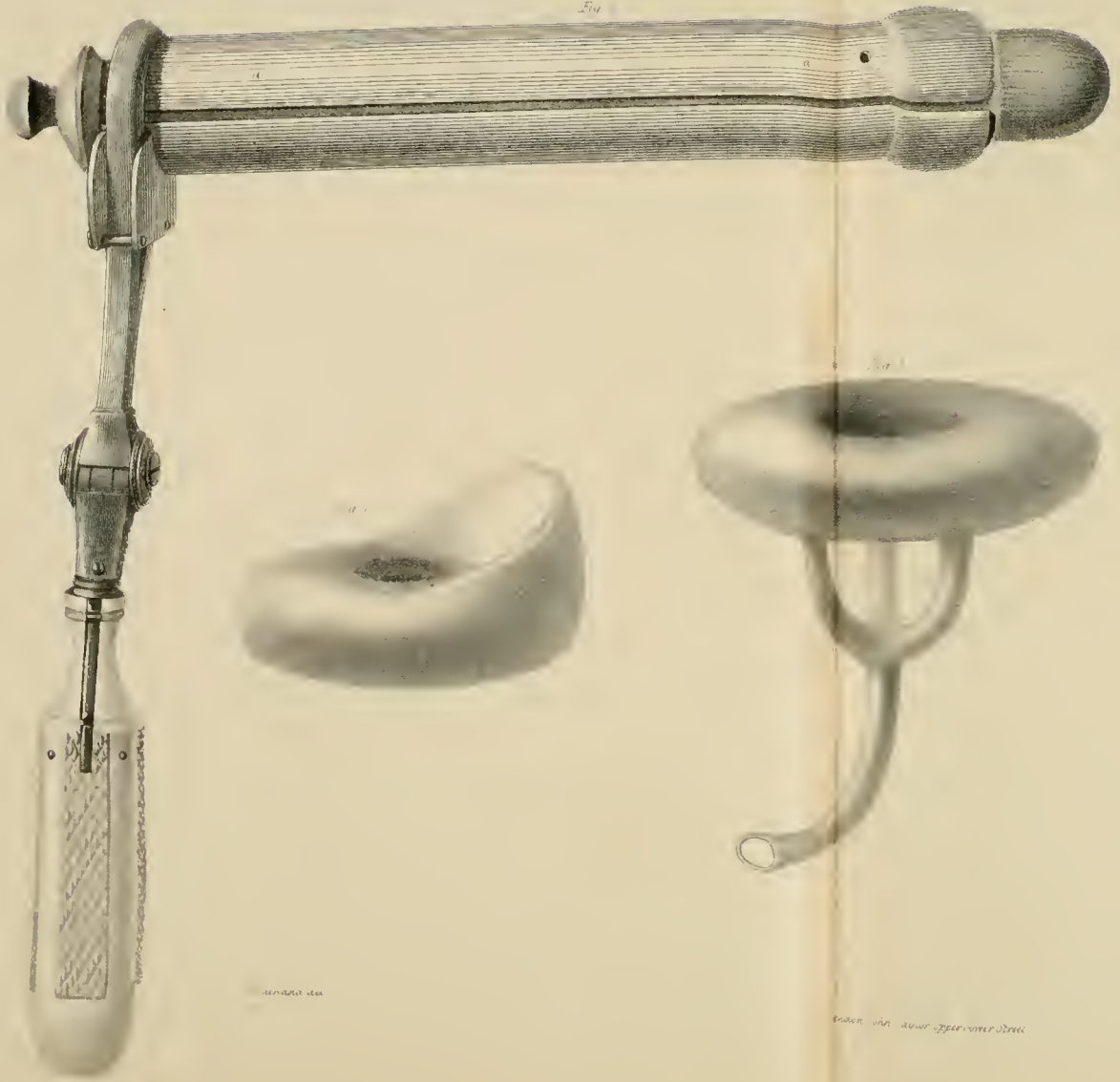

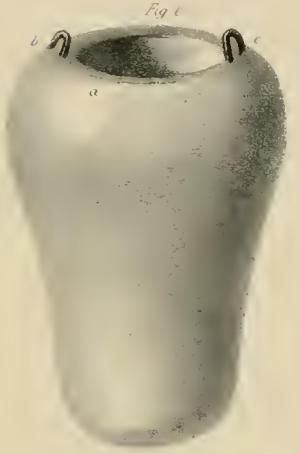

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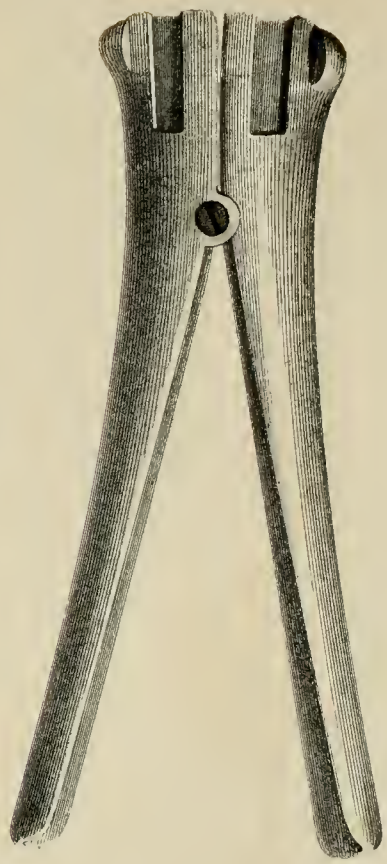

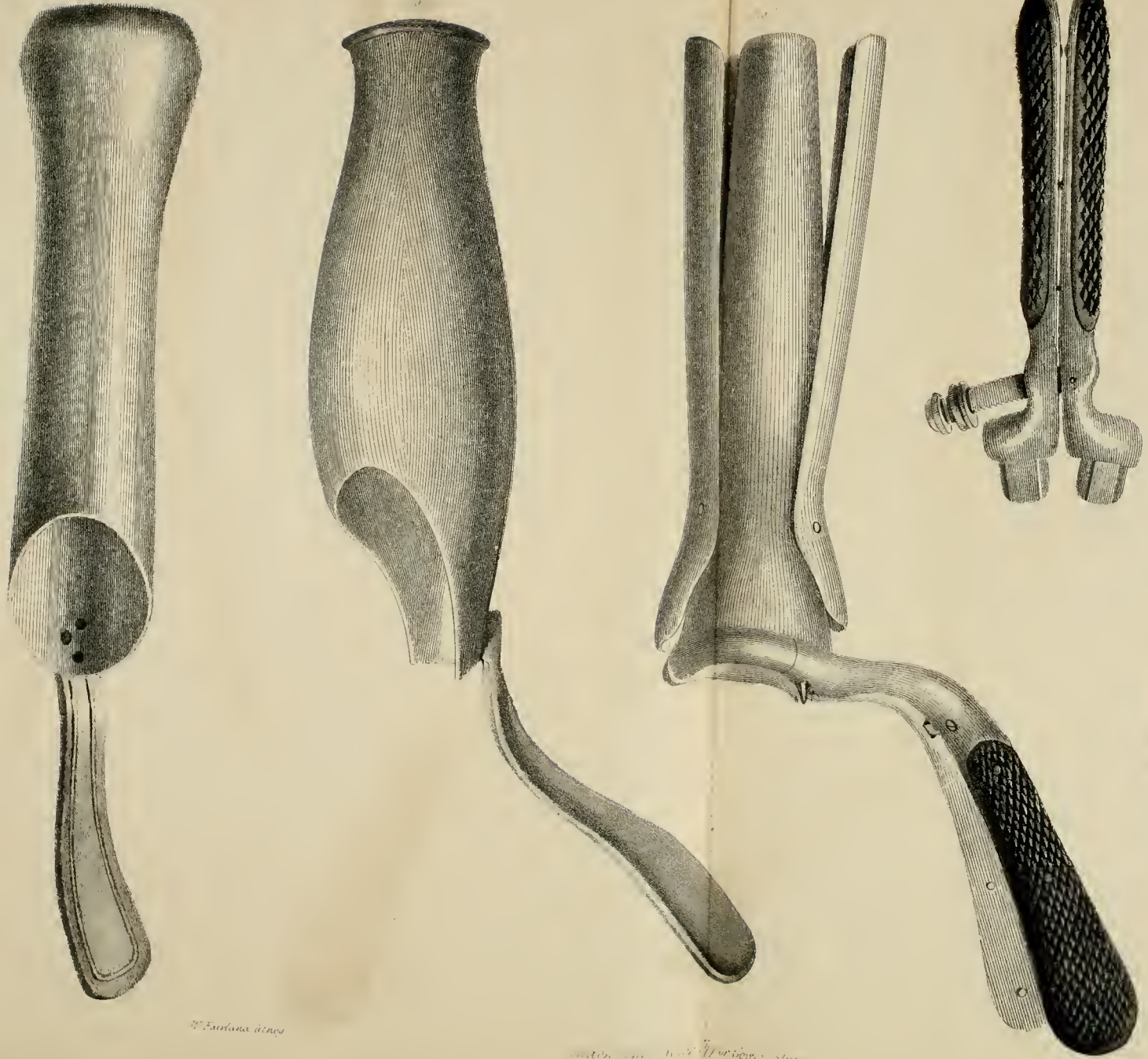

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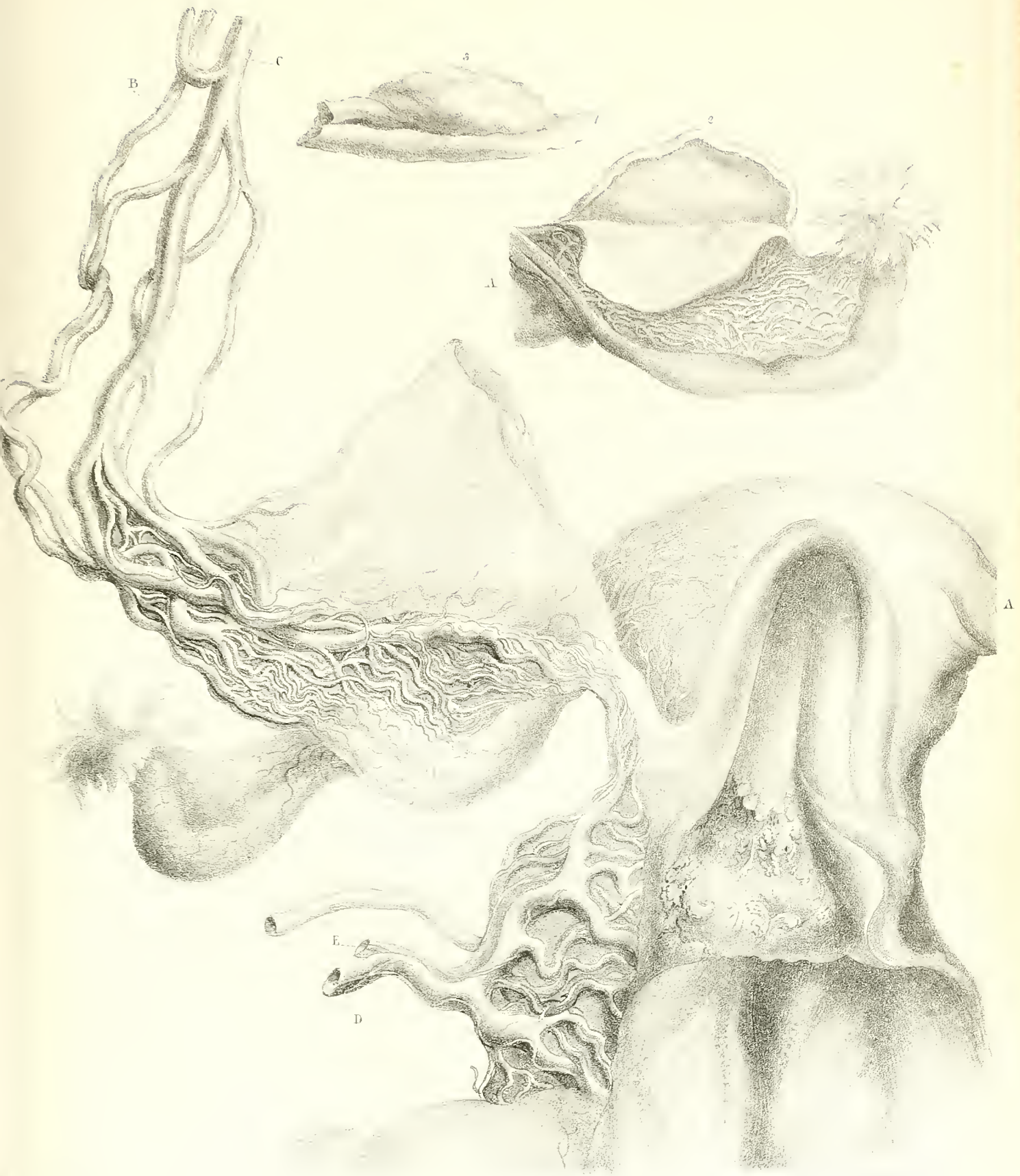
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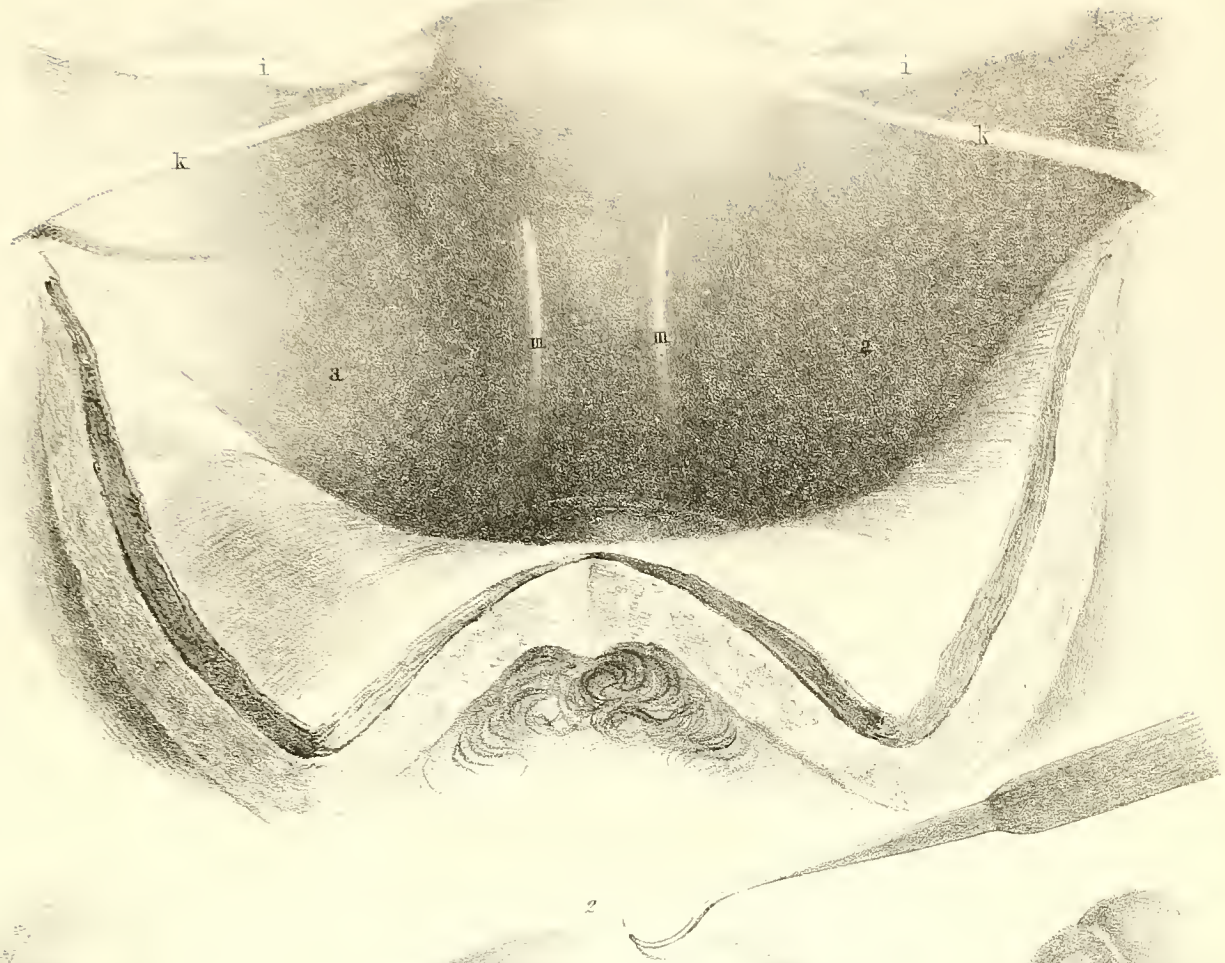

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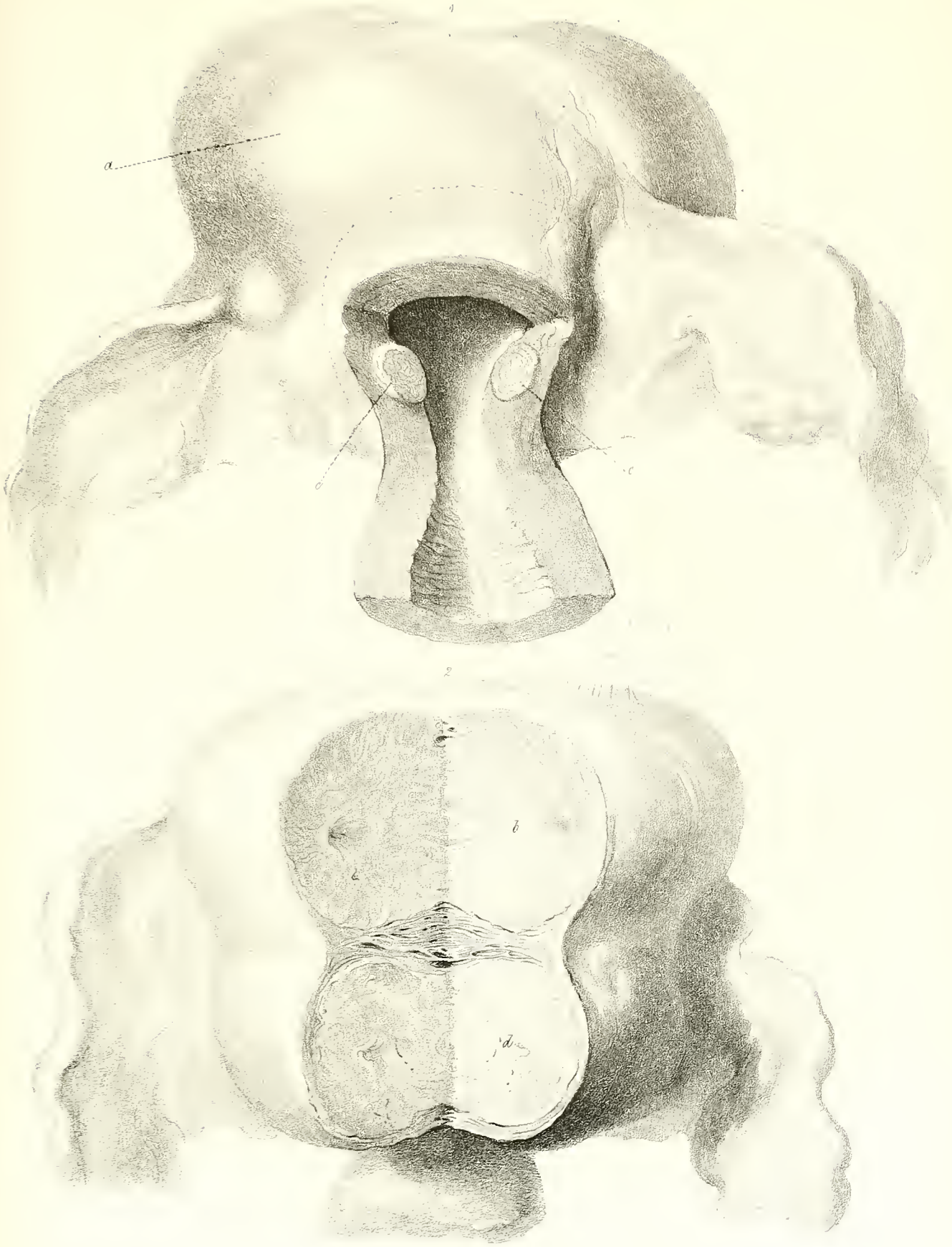

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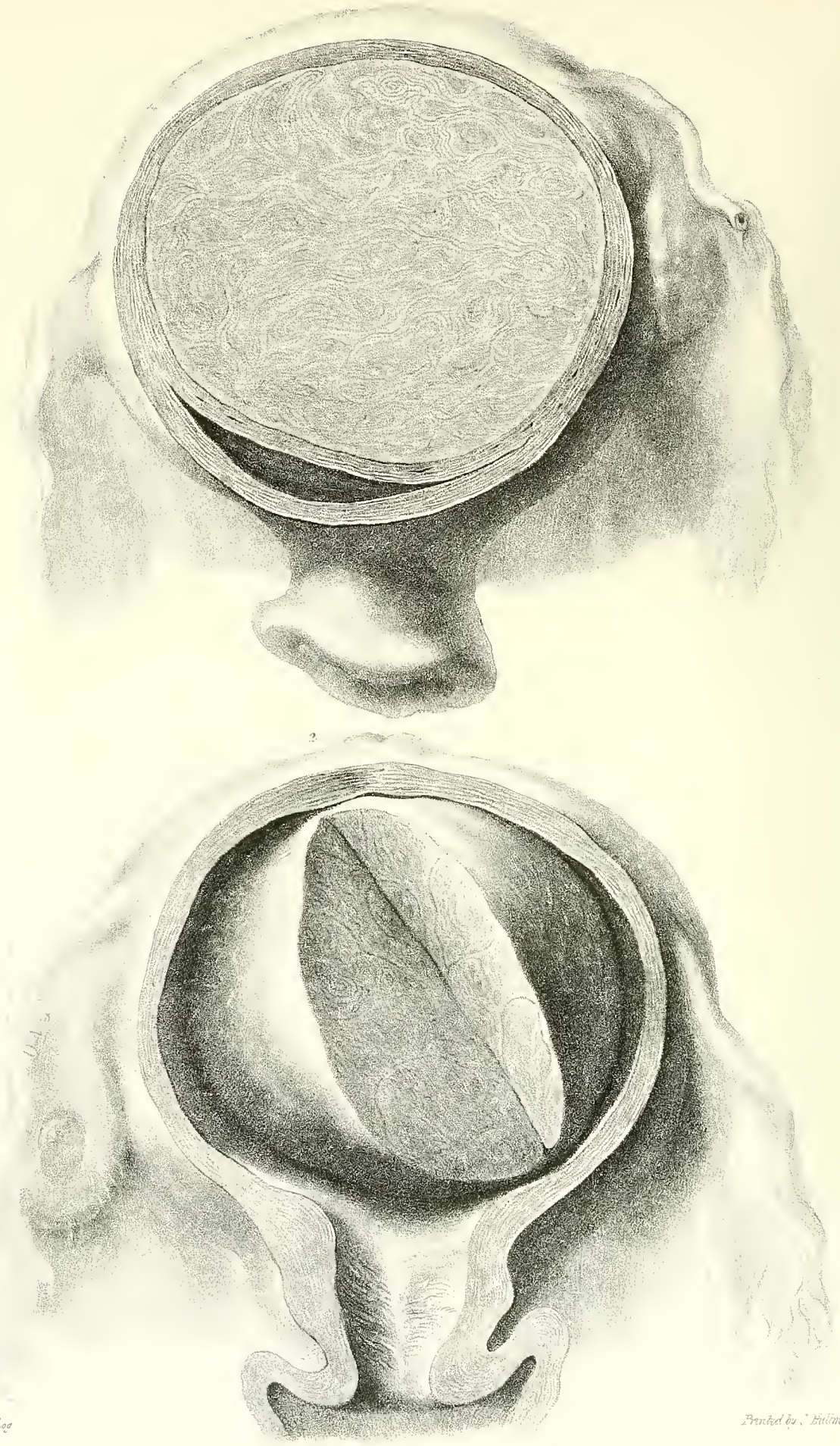

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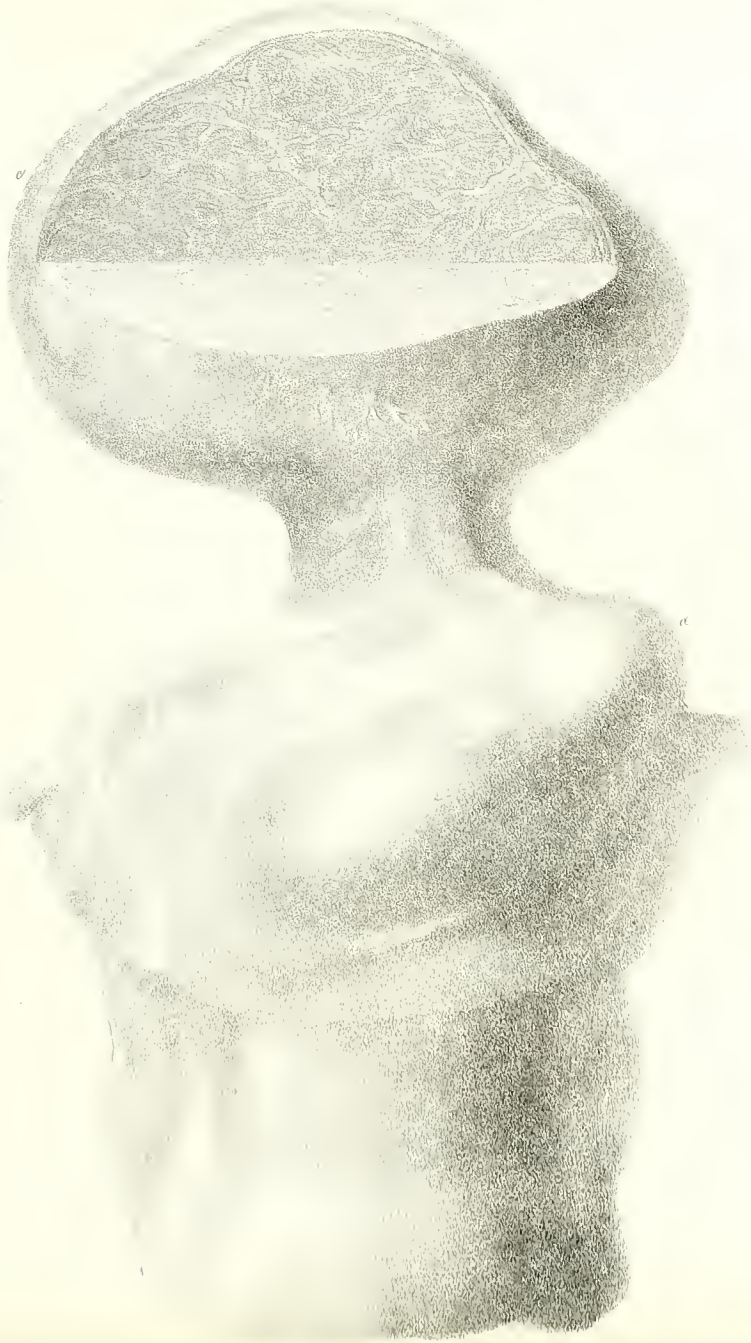

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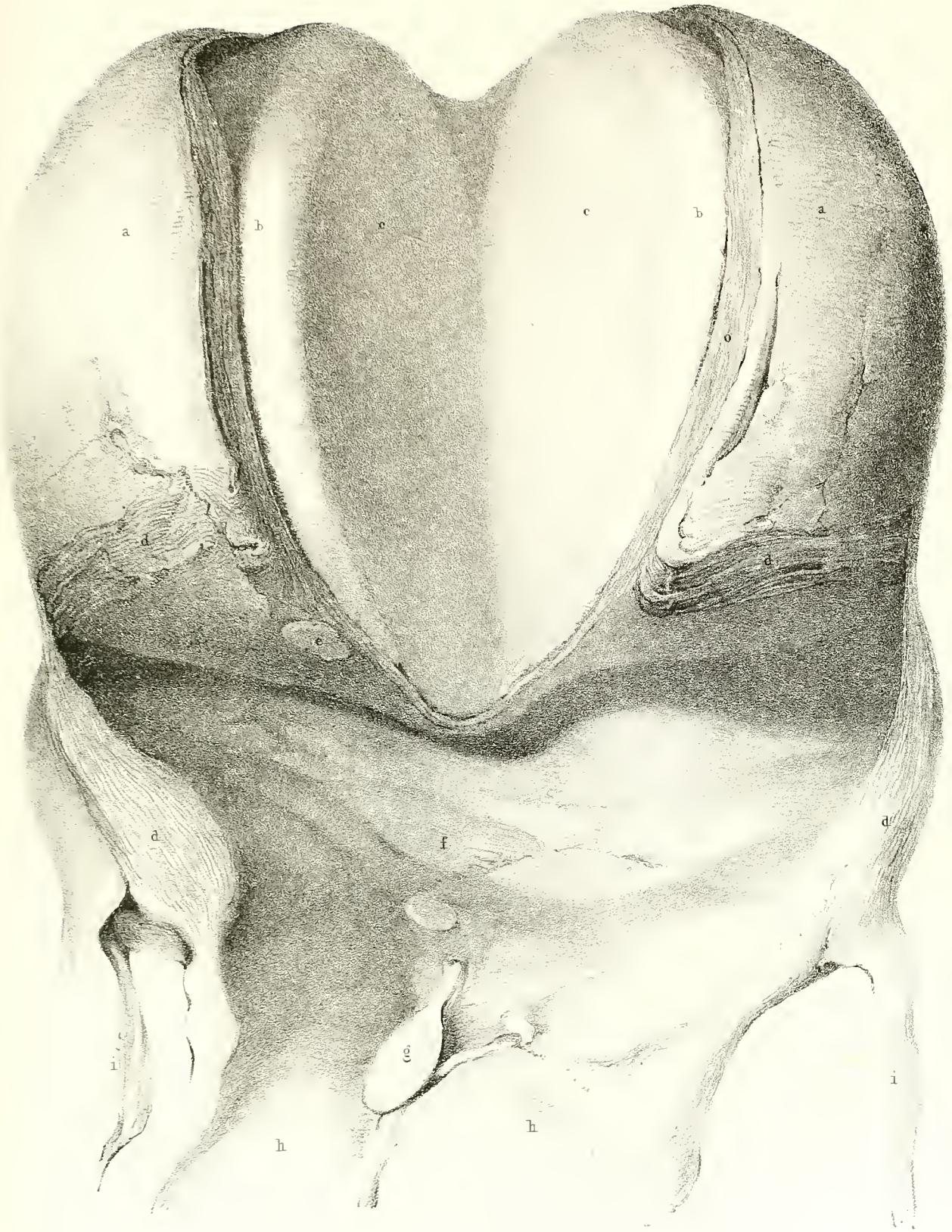

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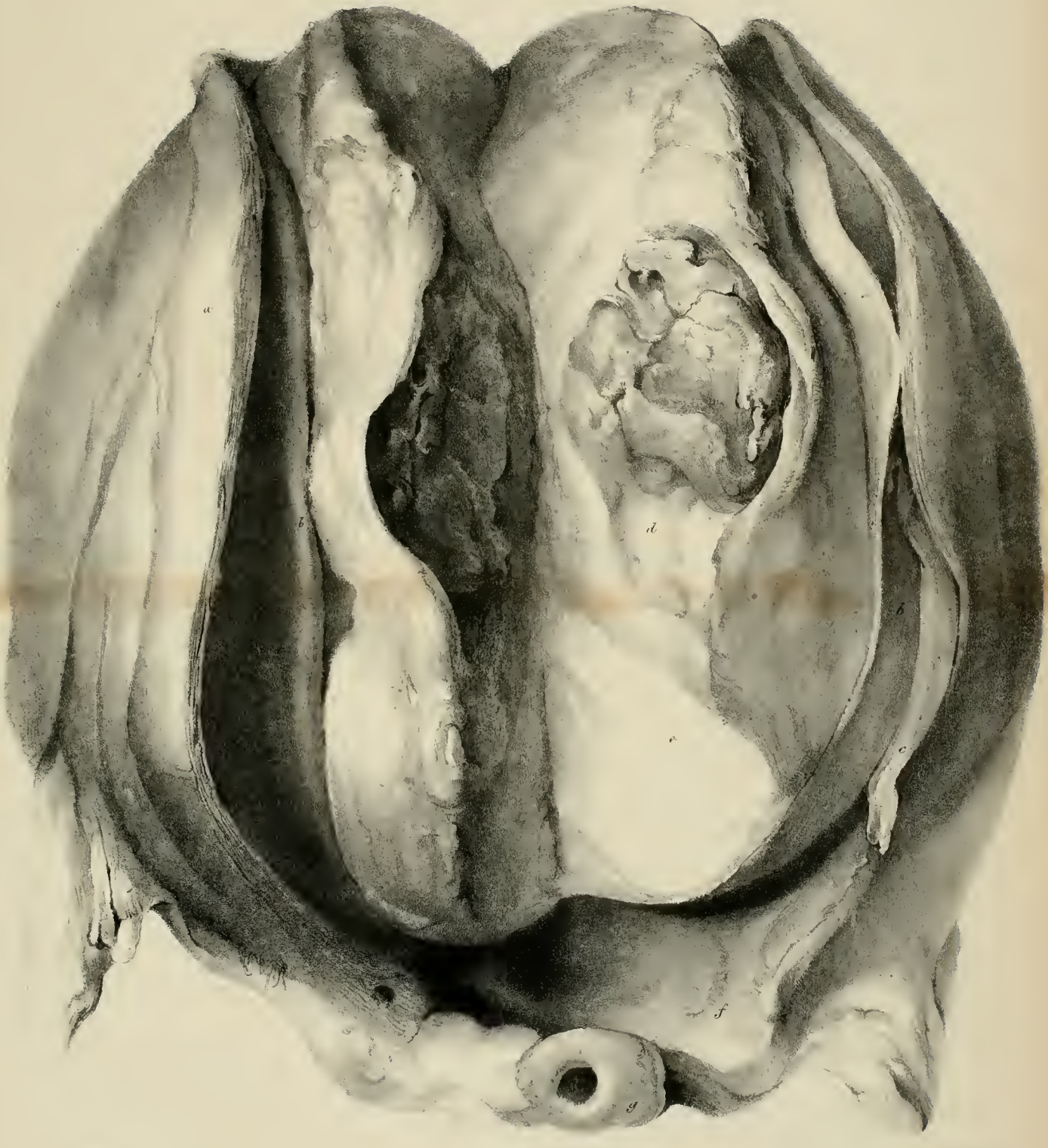
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Fig. 1.

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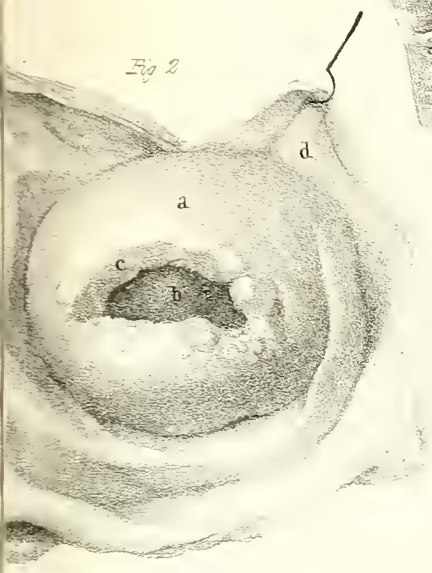

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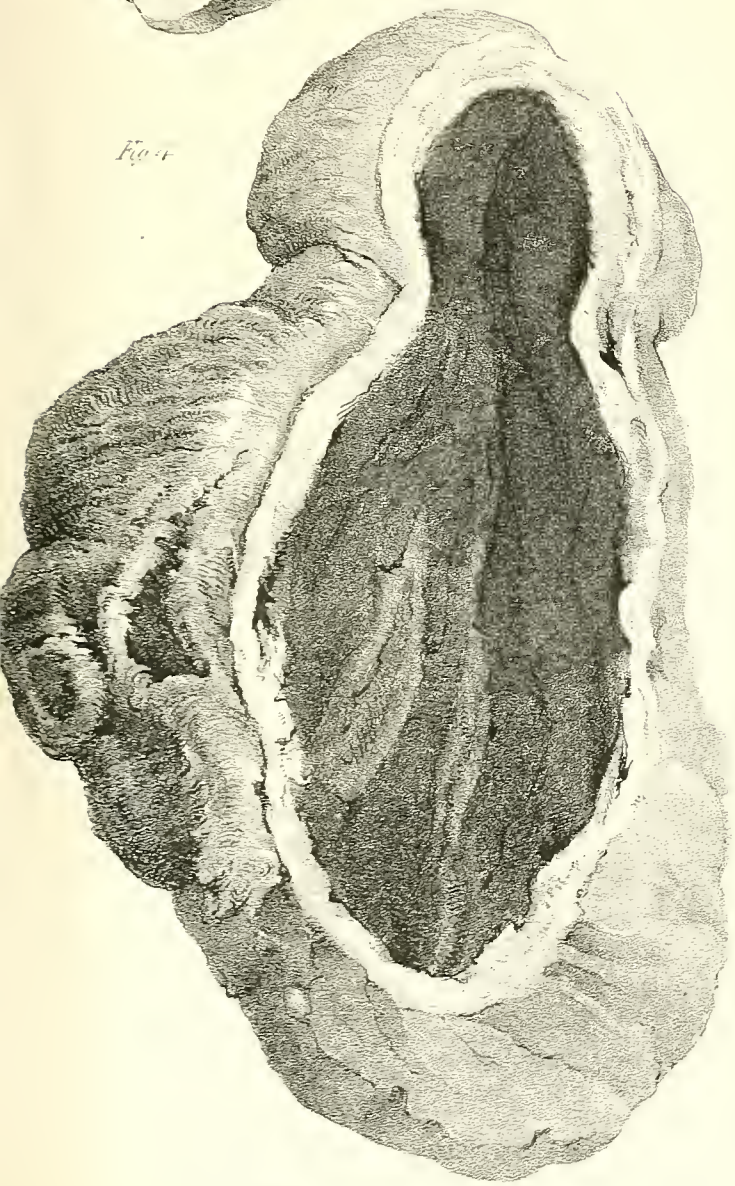

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Pl XX.

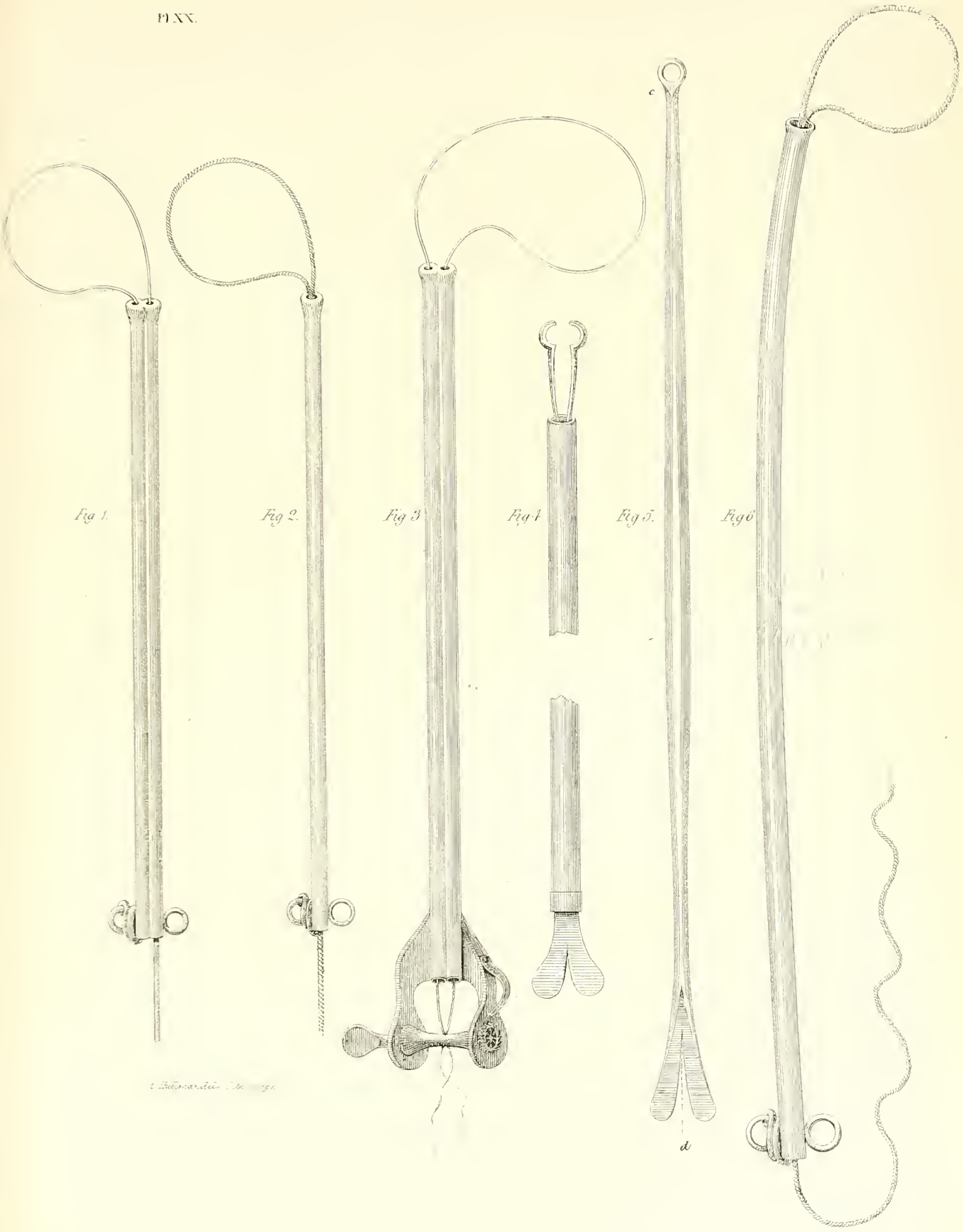
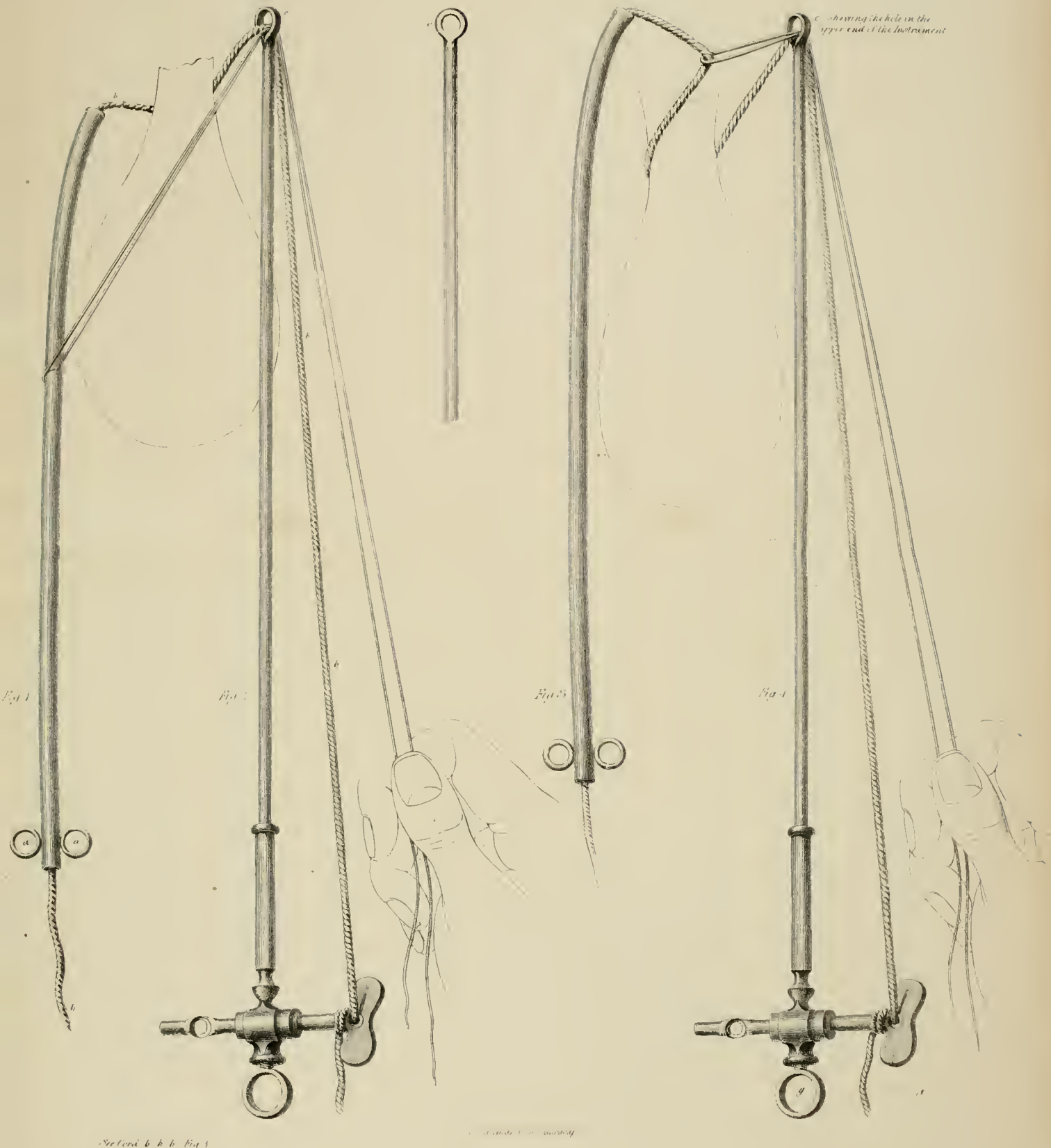
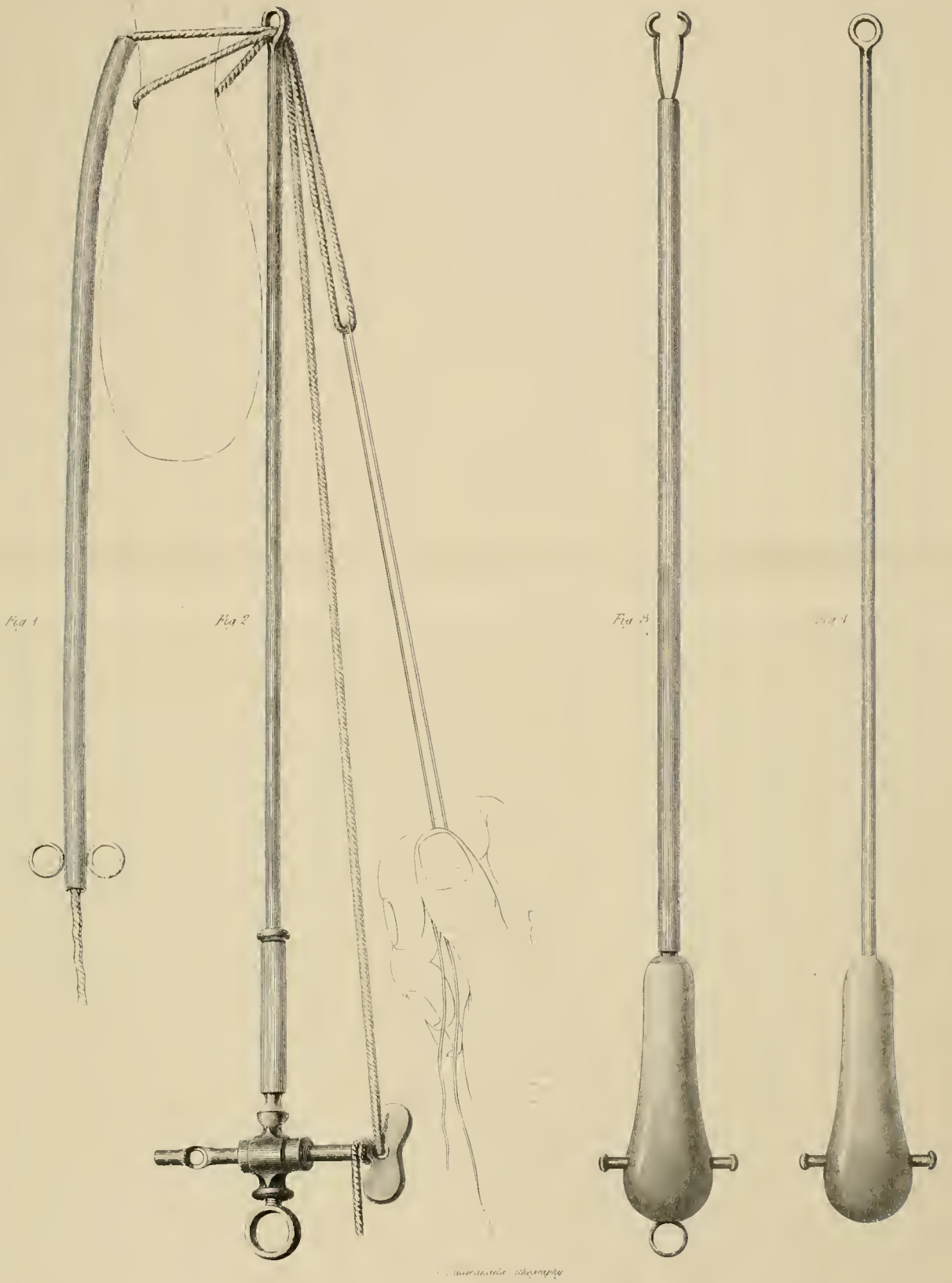


Fig 1. Fig 2. Fig 3 Fig 4 Fig 5. Fig 6



Sir Lord b b b Fig 4



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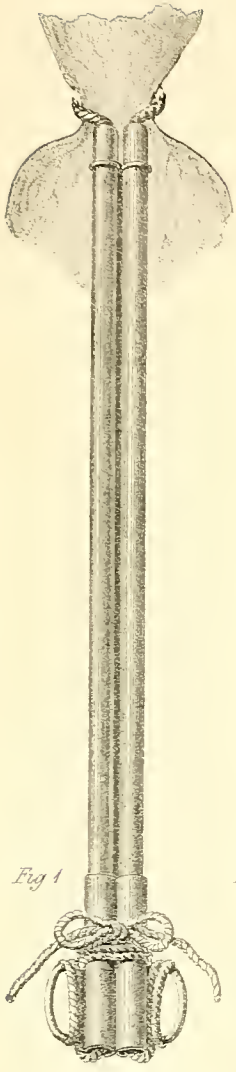

Fig 1

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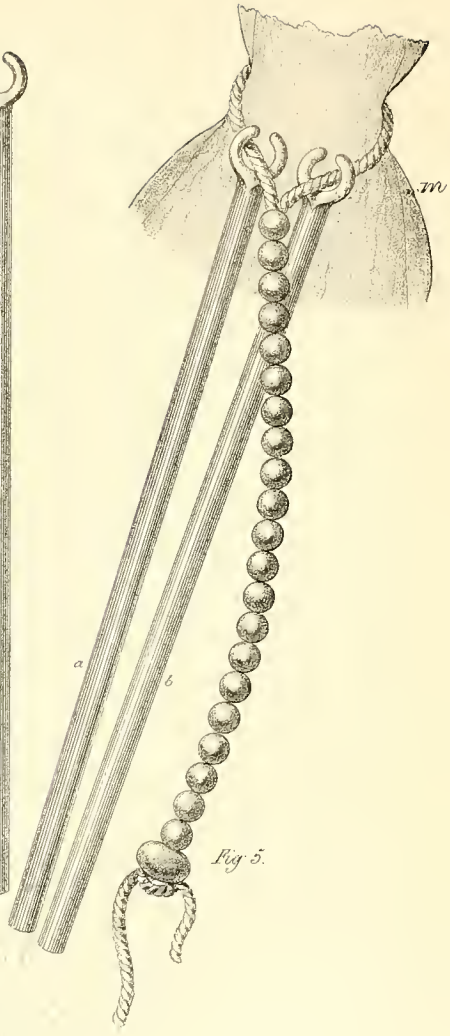

Fig 5.

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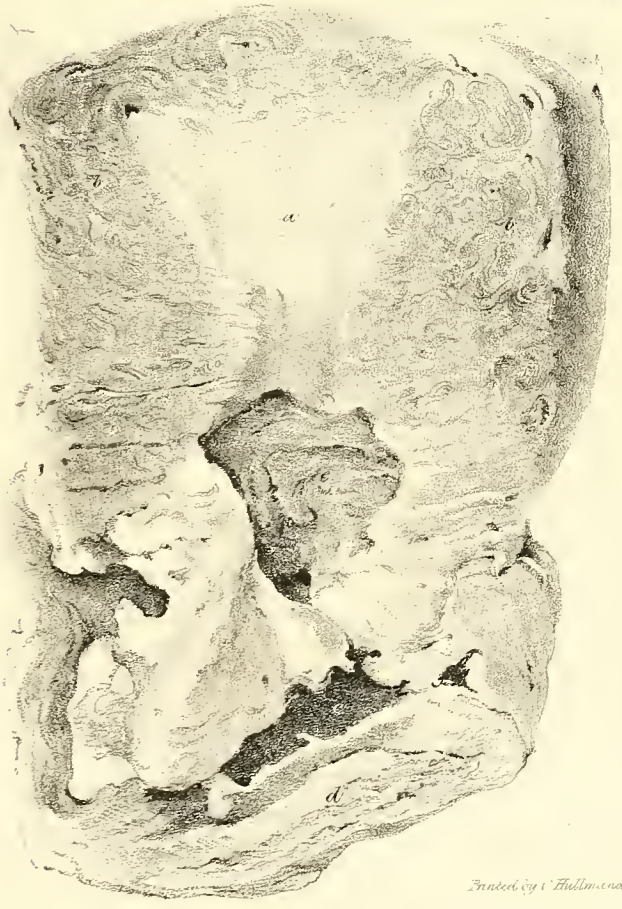

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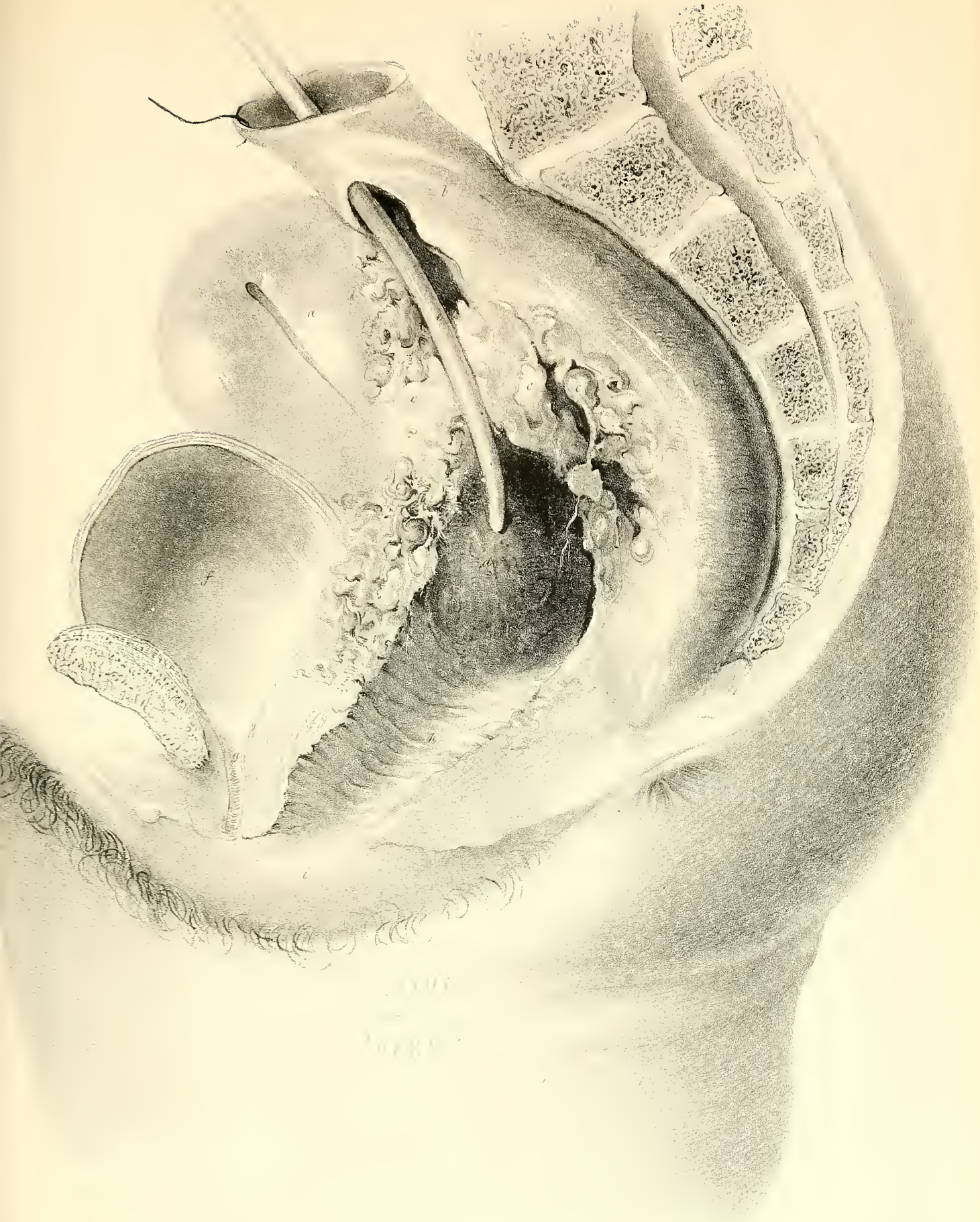
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Fig 1

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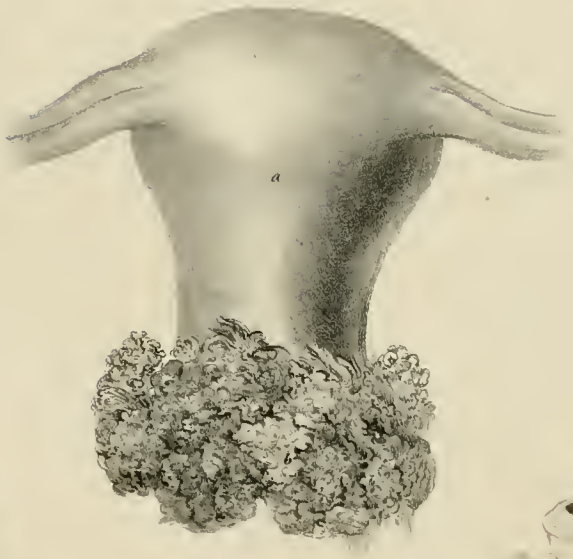

Fig 2

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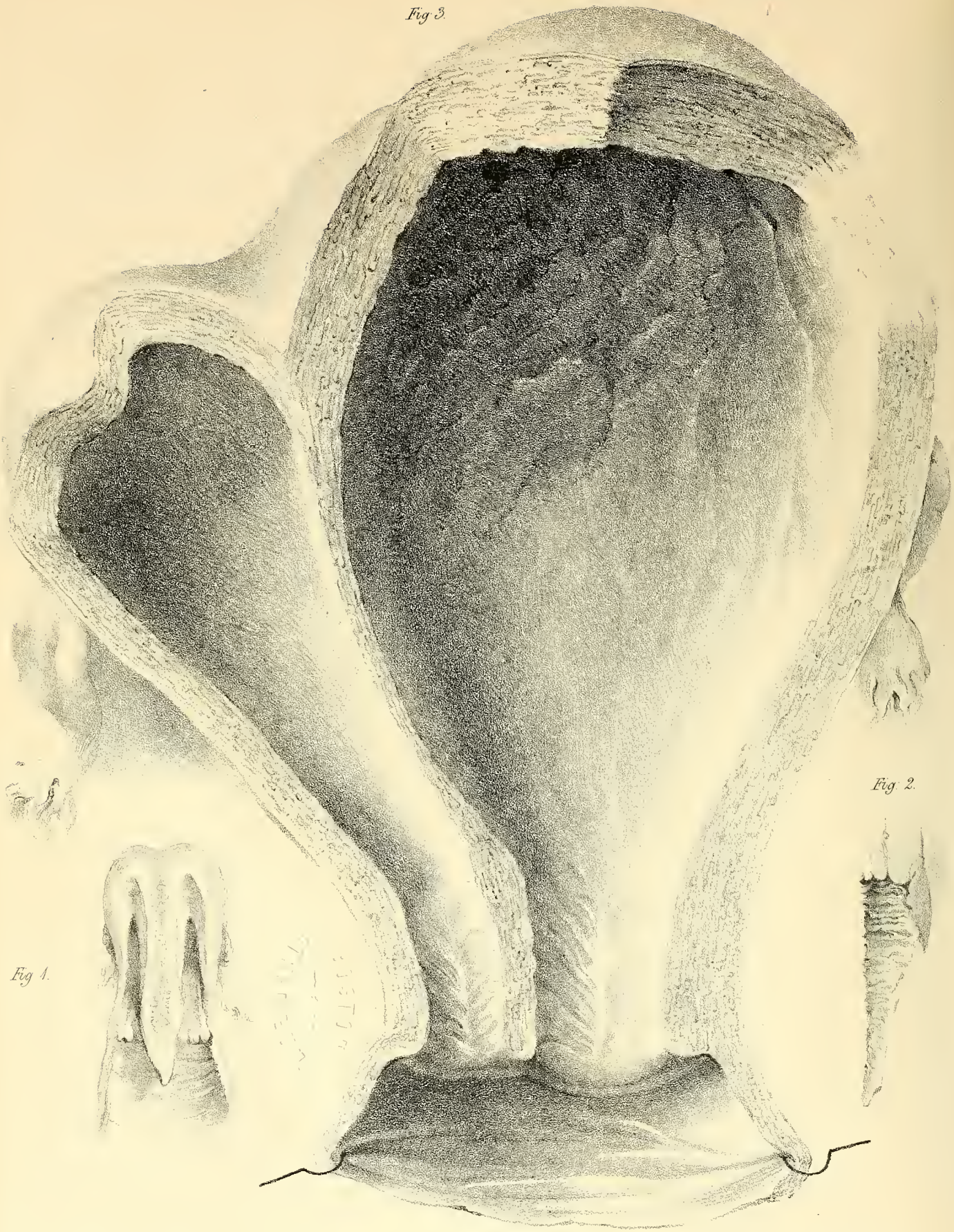

Fig 2.

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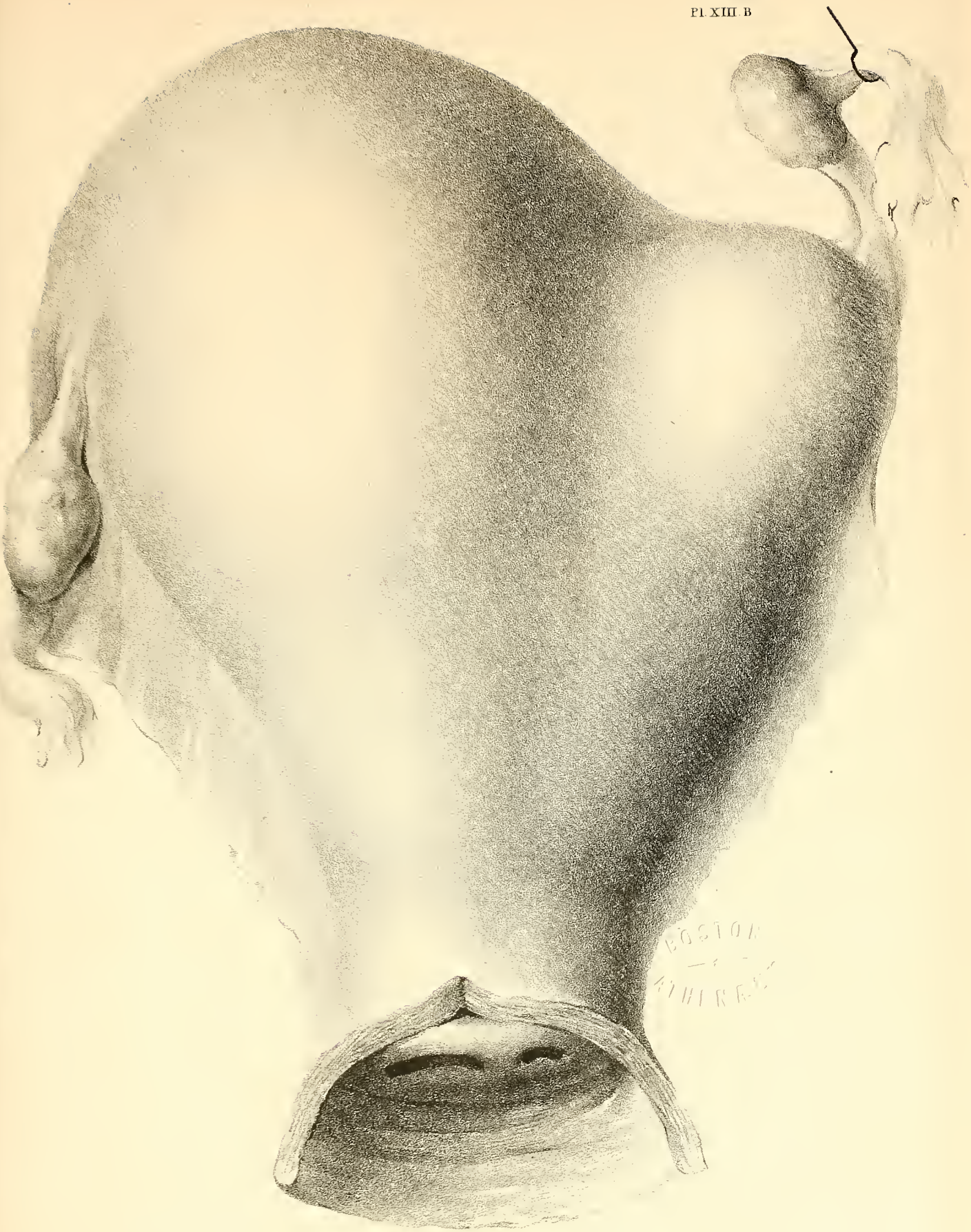

BOSTON
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W. Fairland del. et lith.

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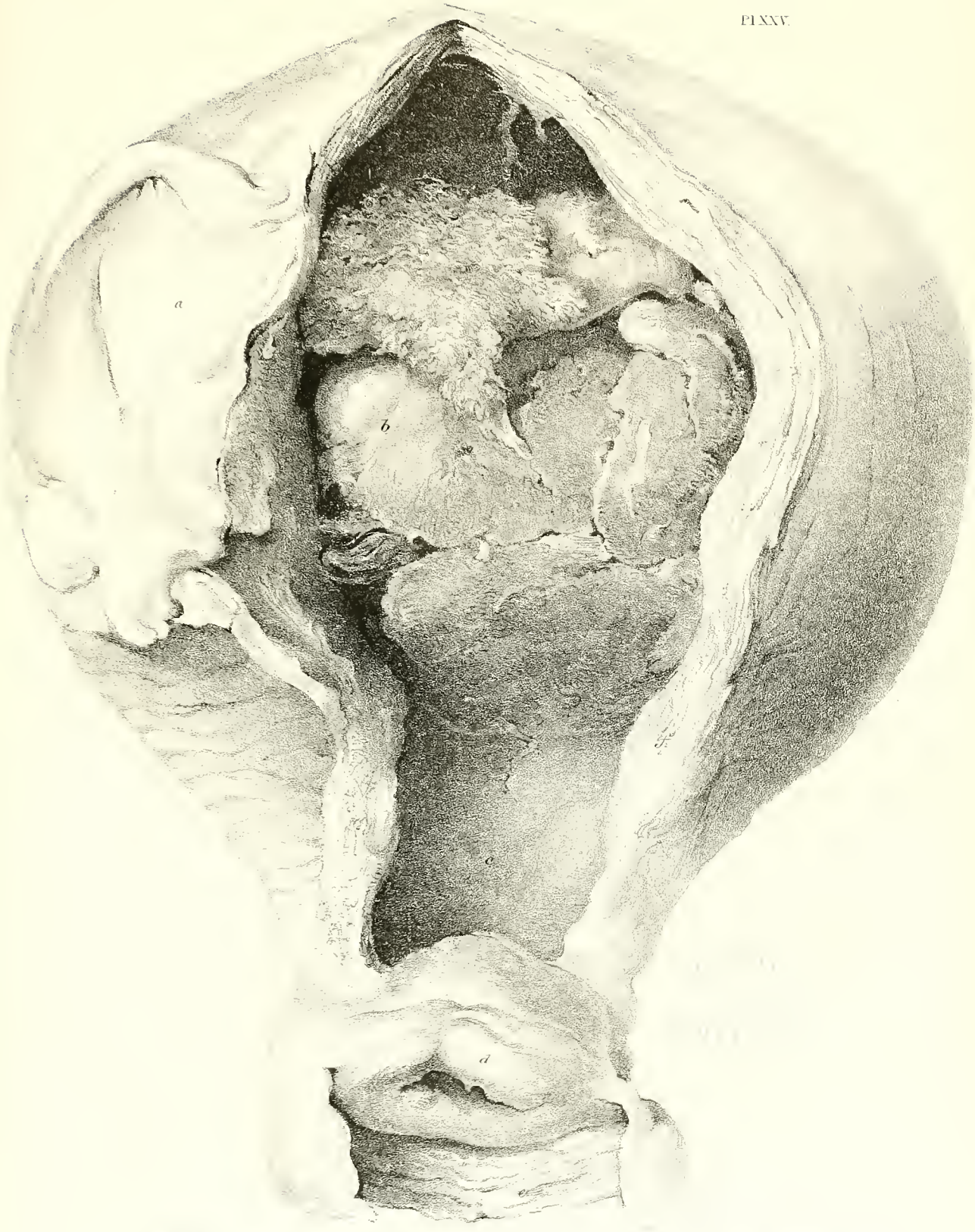
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Fig. 1
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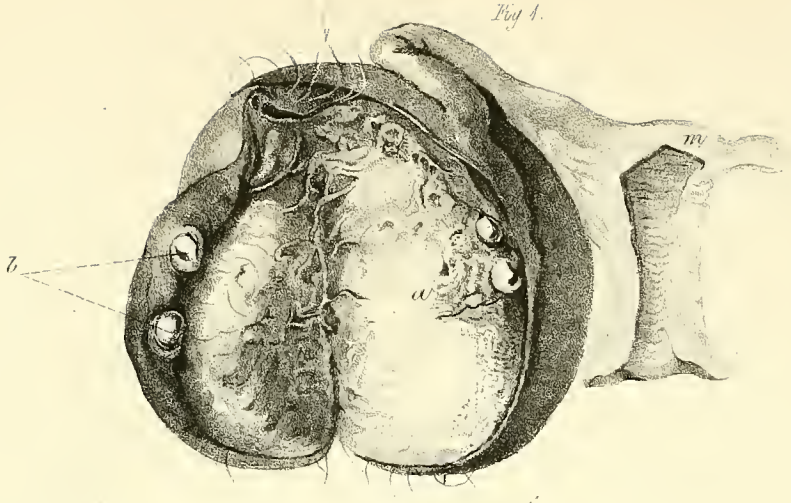

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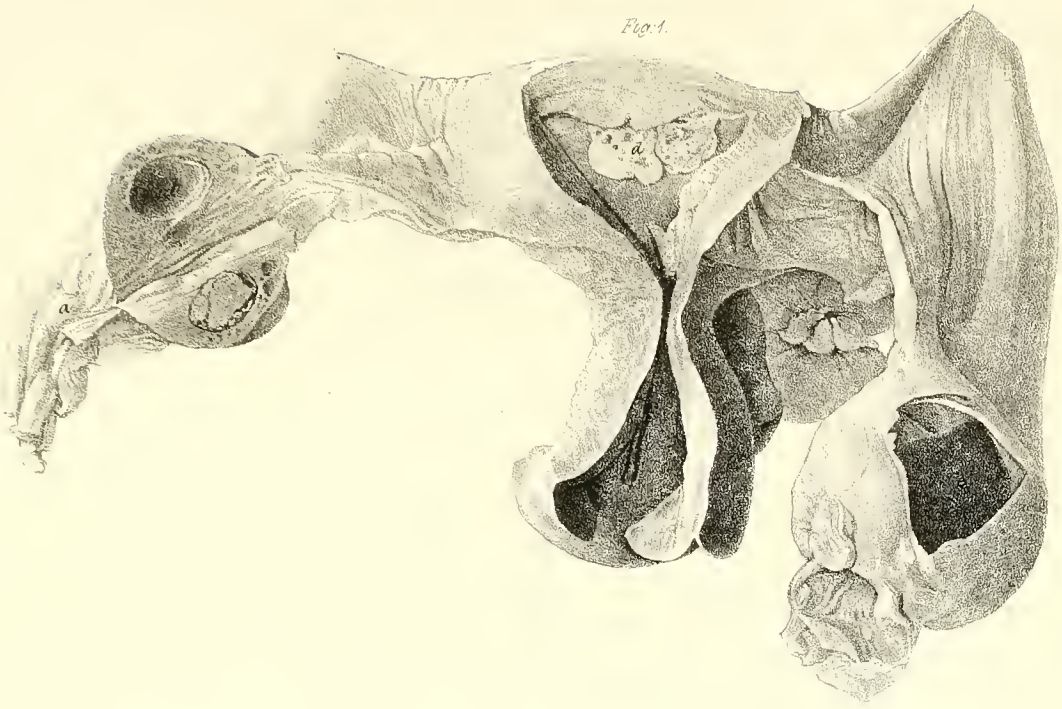

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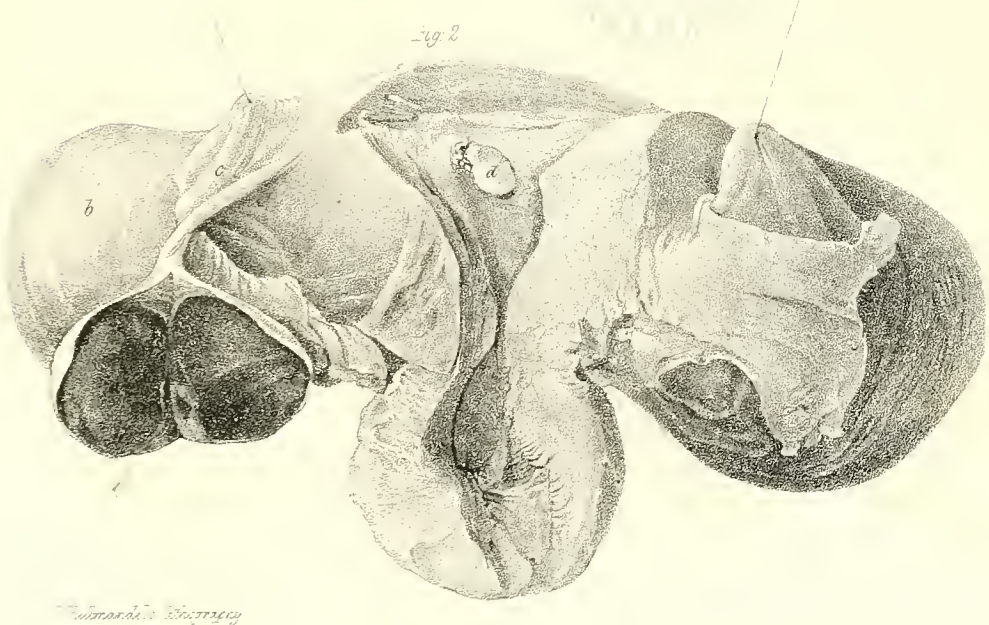

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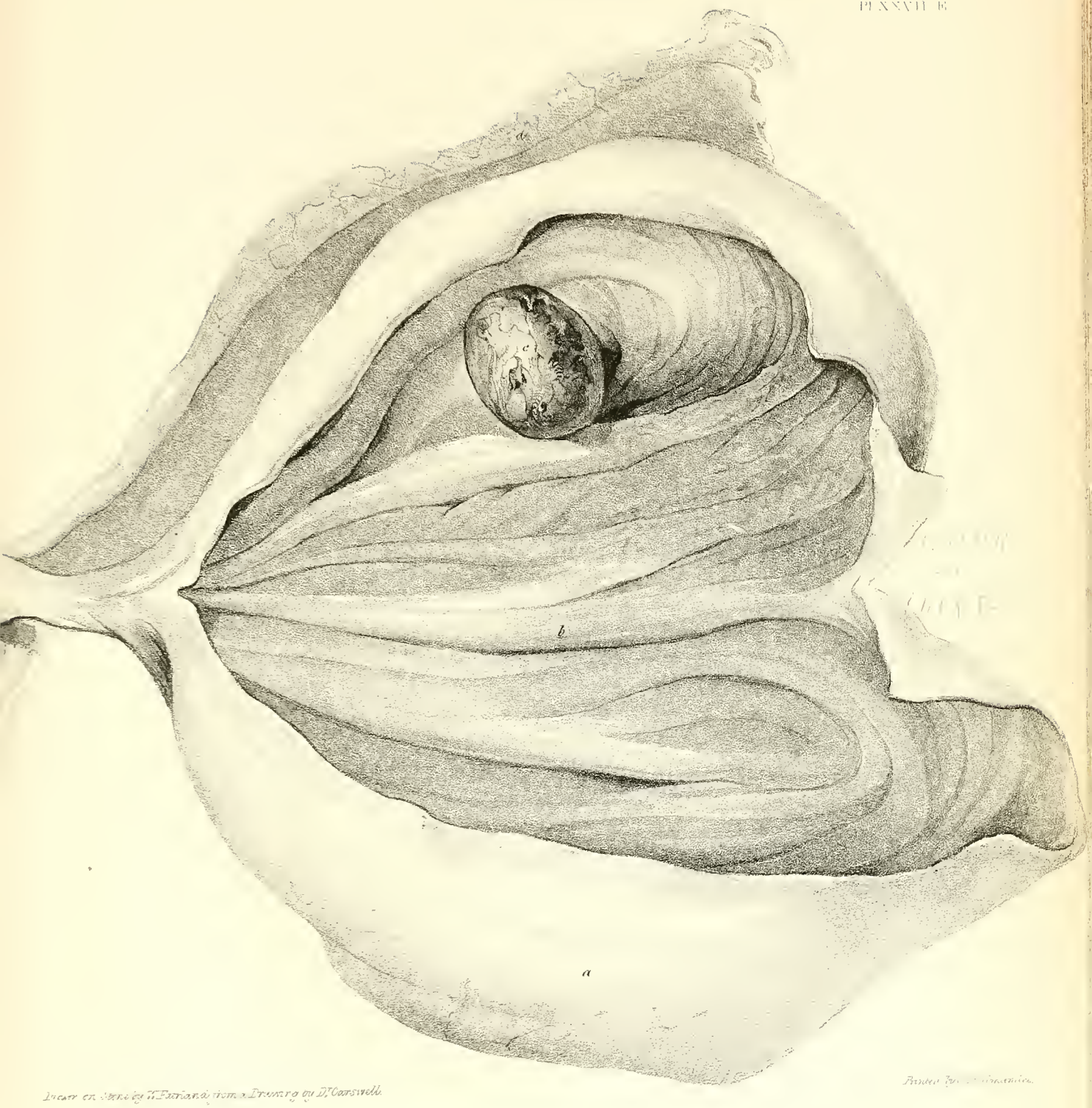

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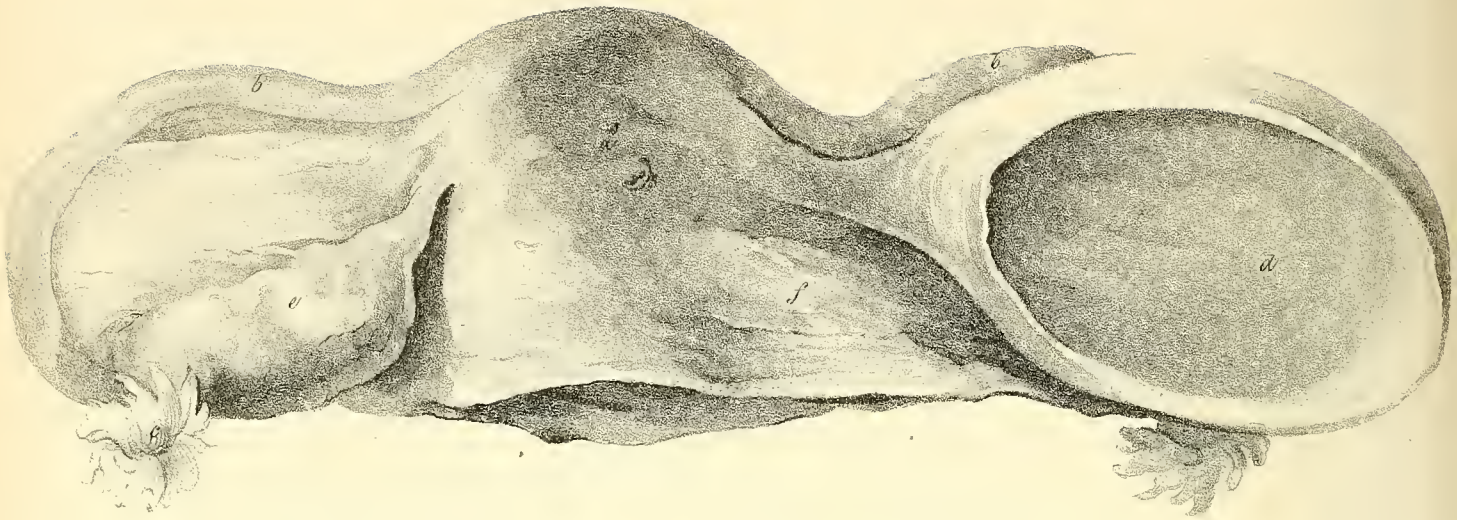

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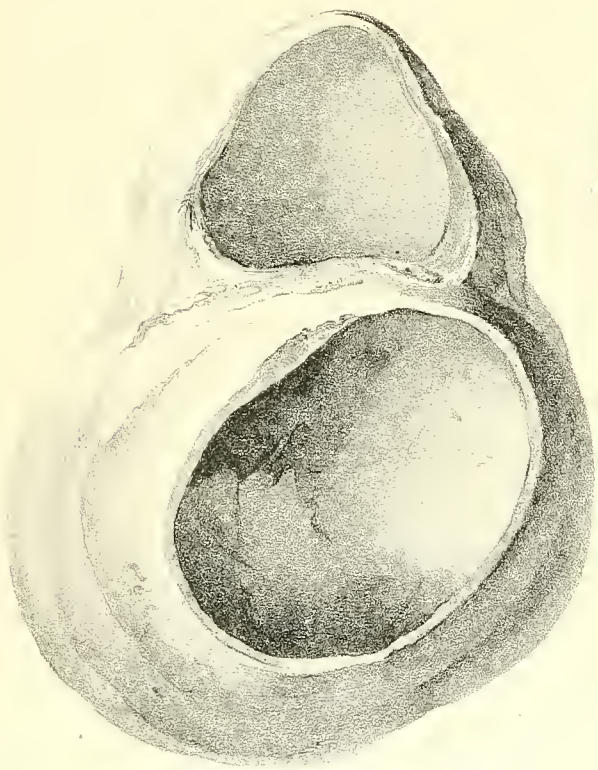

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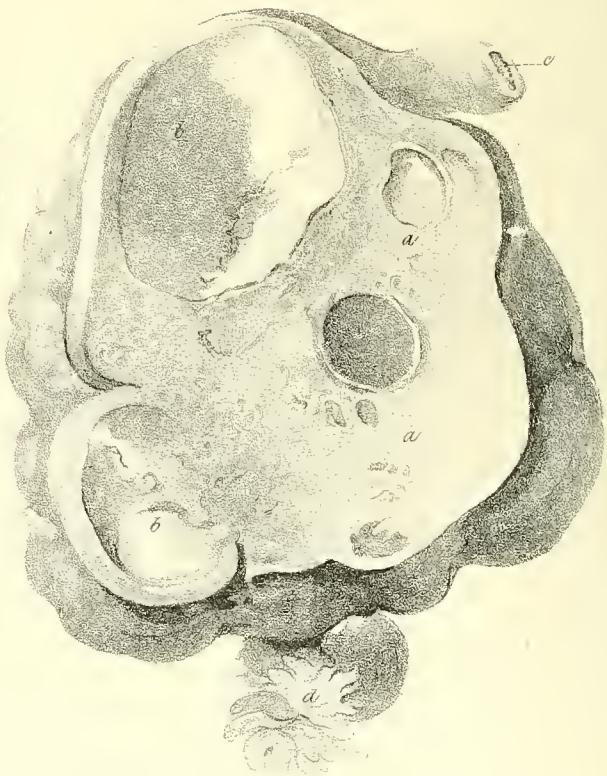

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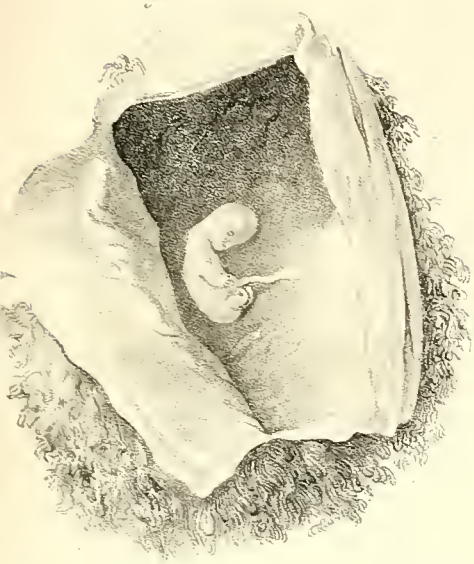

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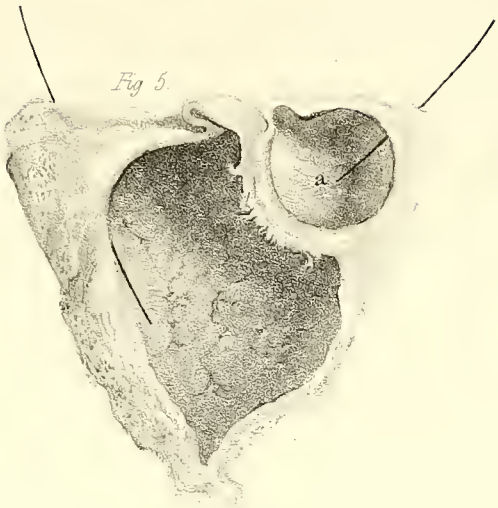

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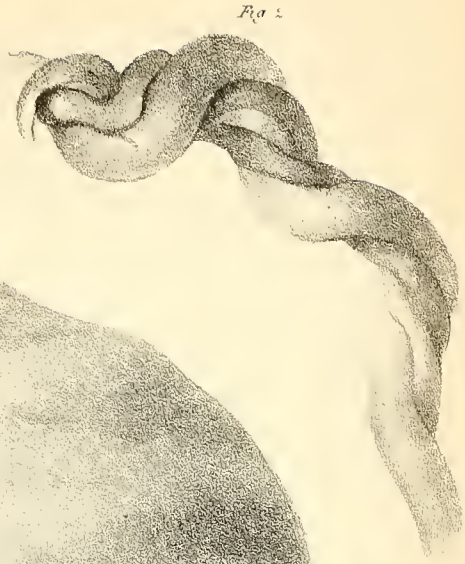

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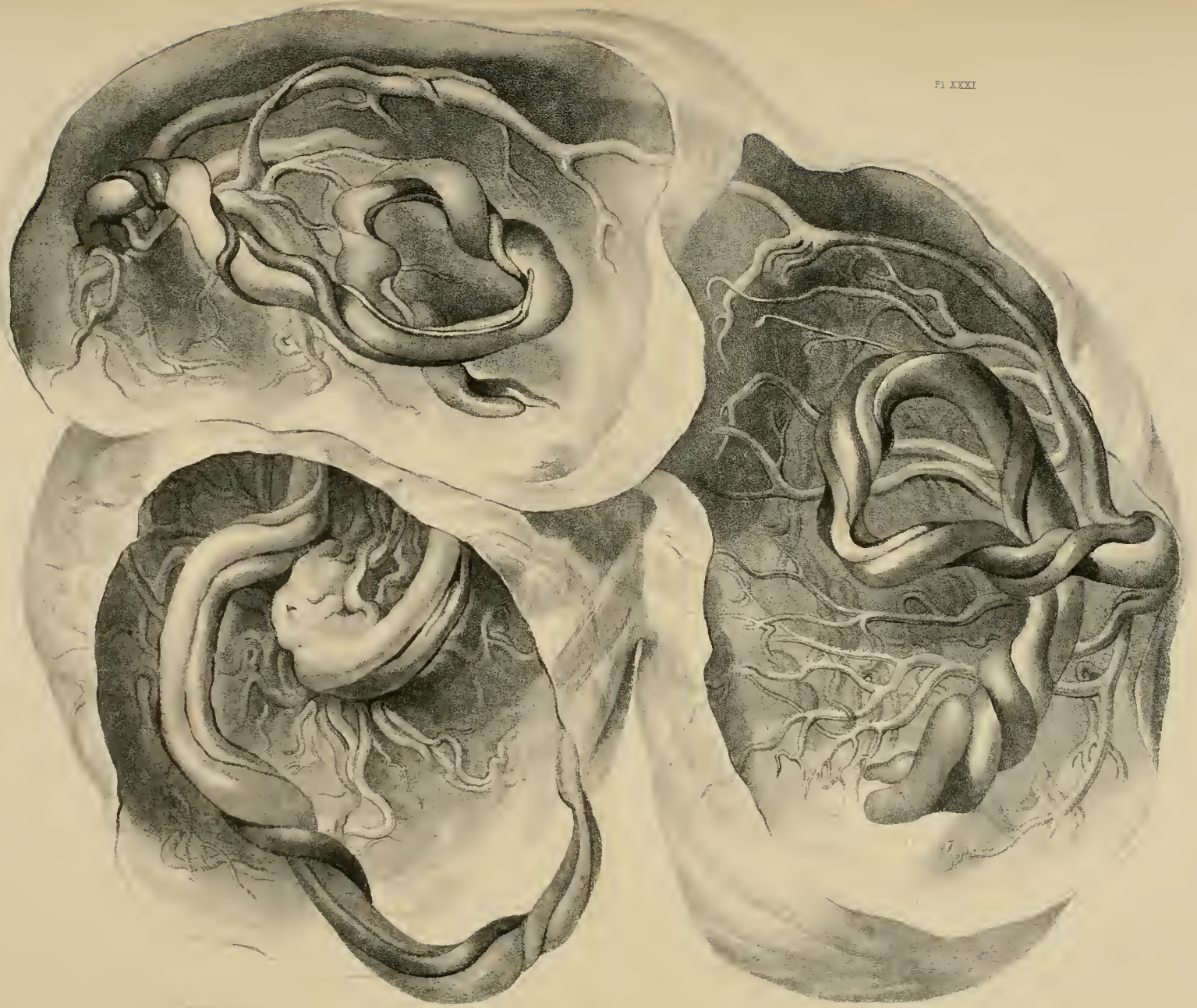

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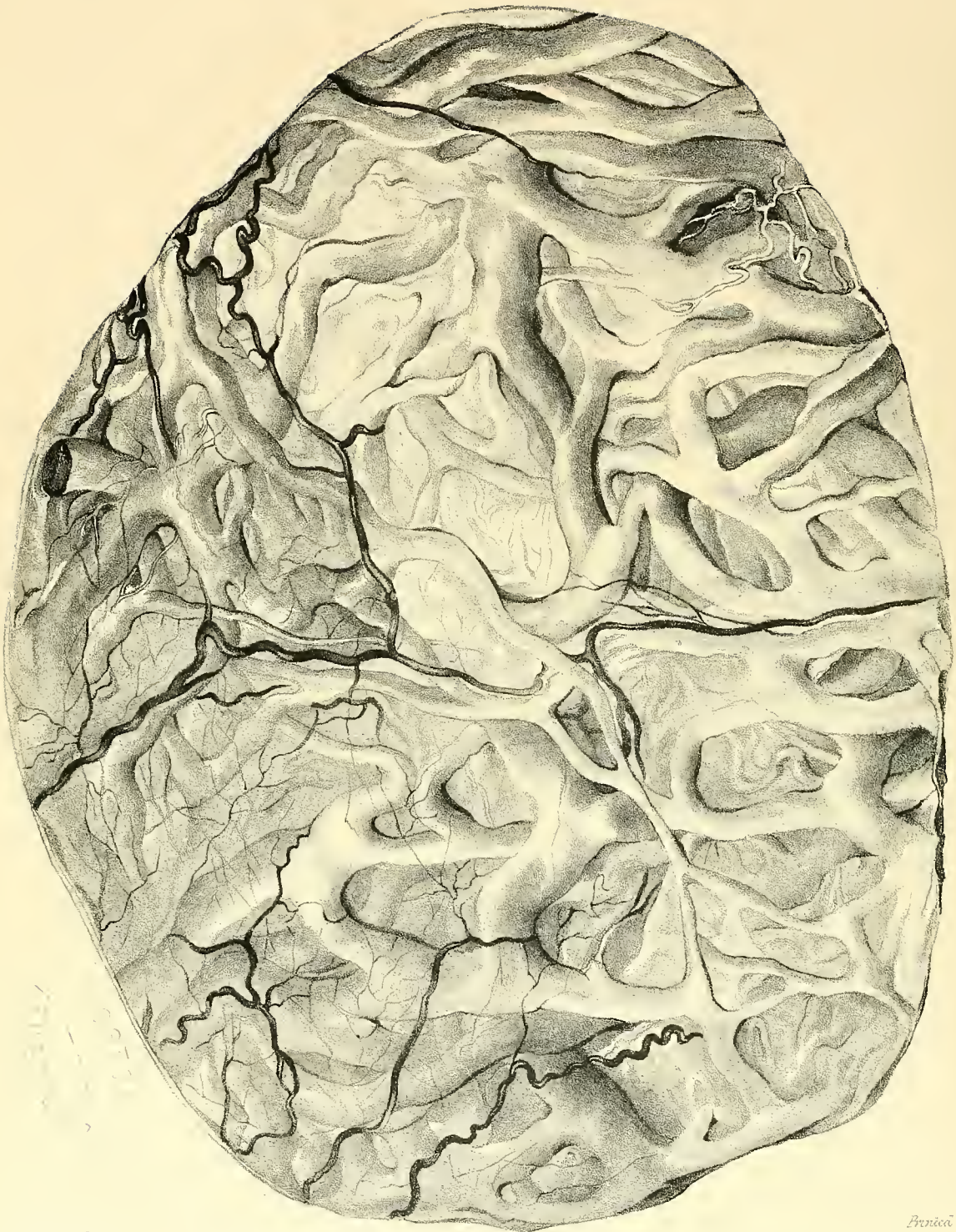

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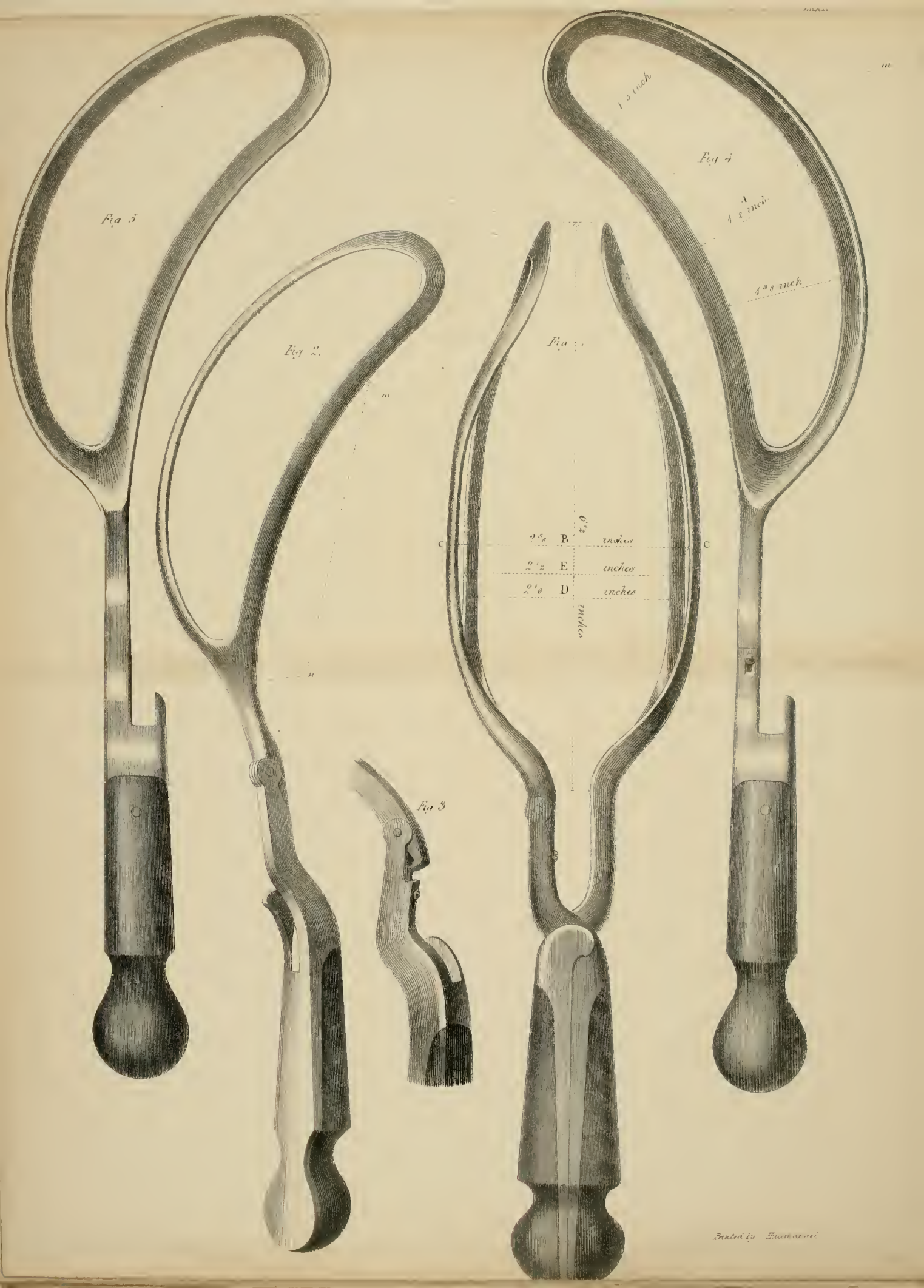
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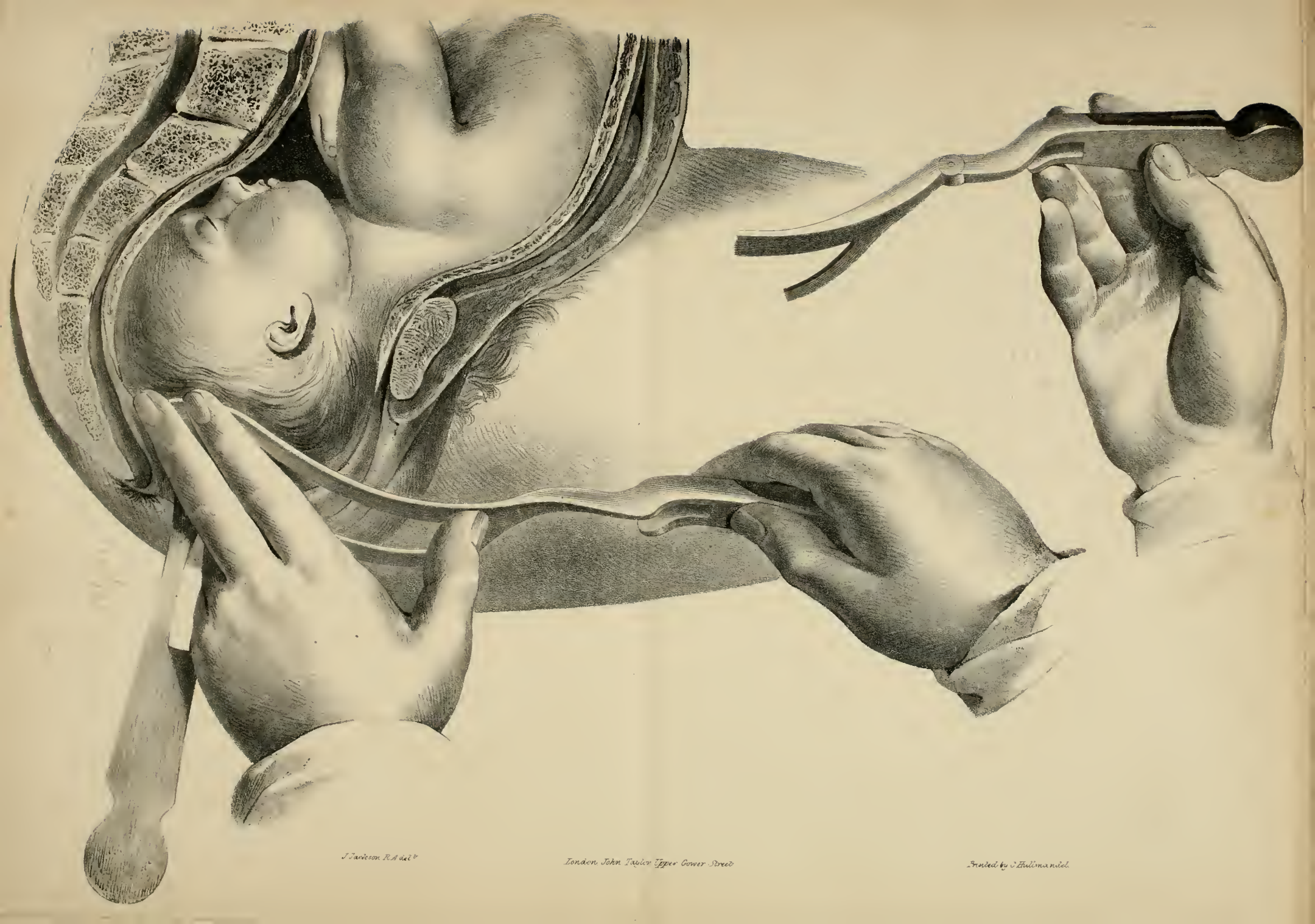

J. Jackson R.A. del.t

London John Taylor Upper Gower Street

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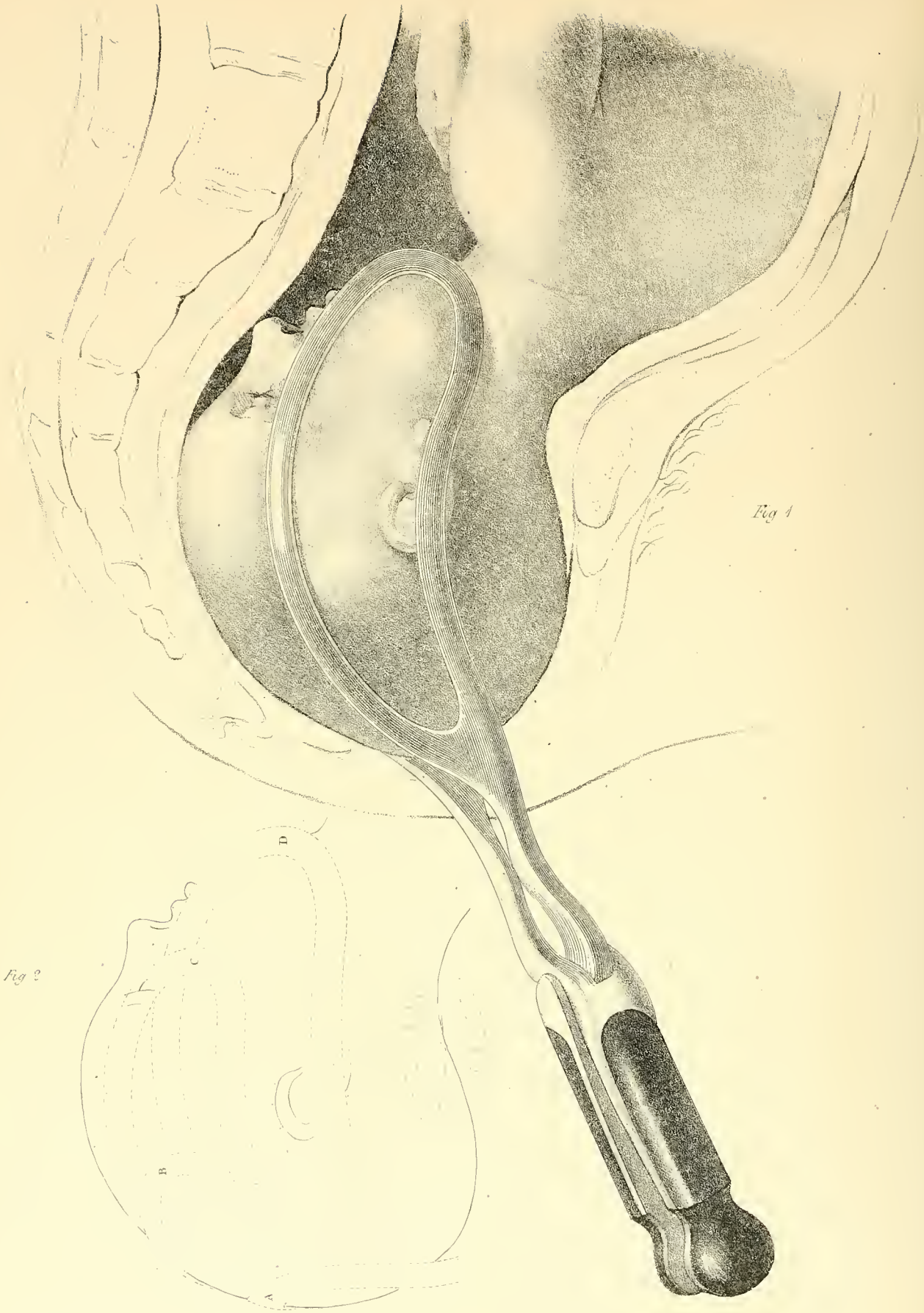

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Fig 2

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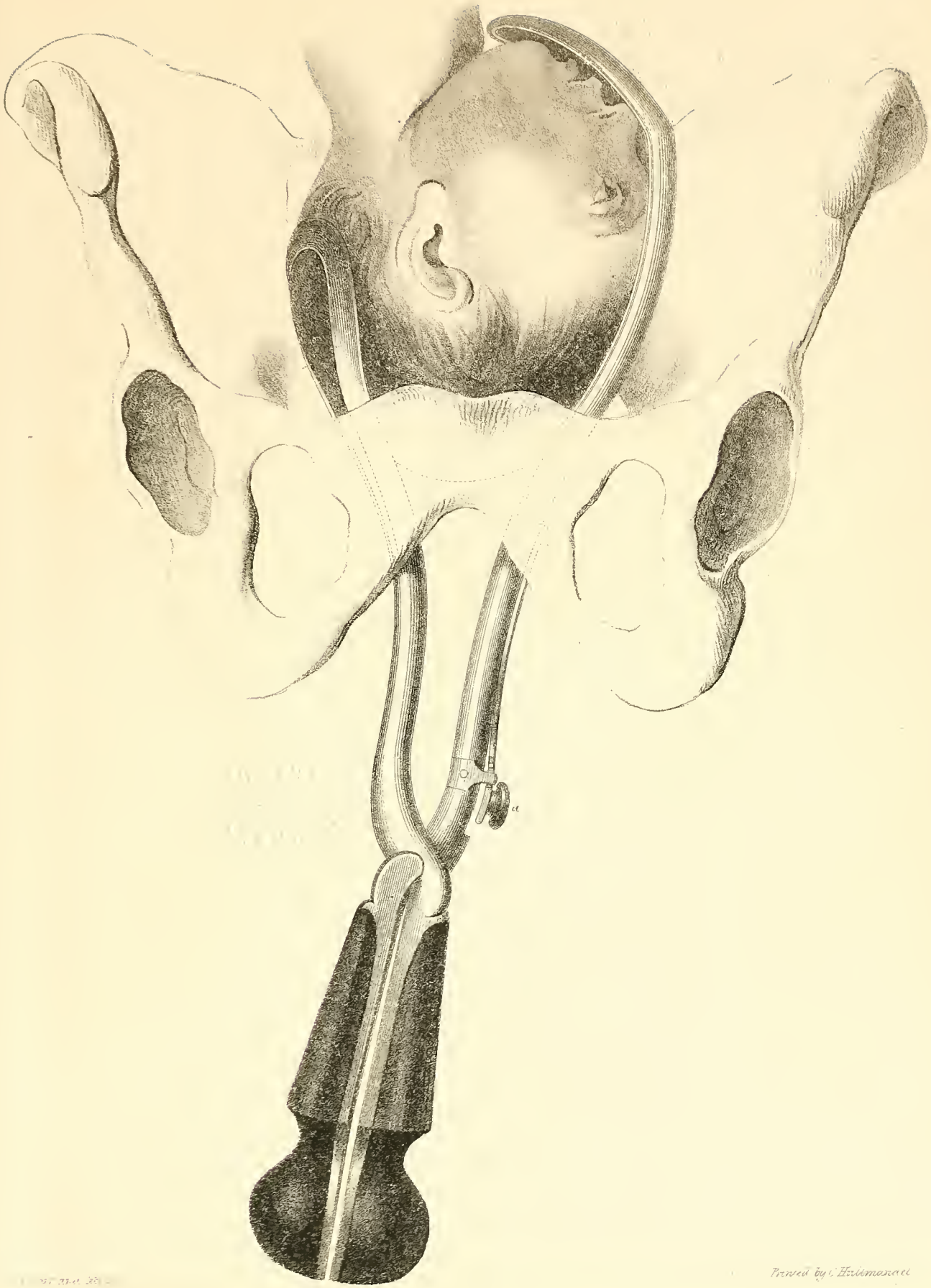

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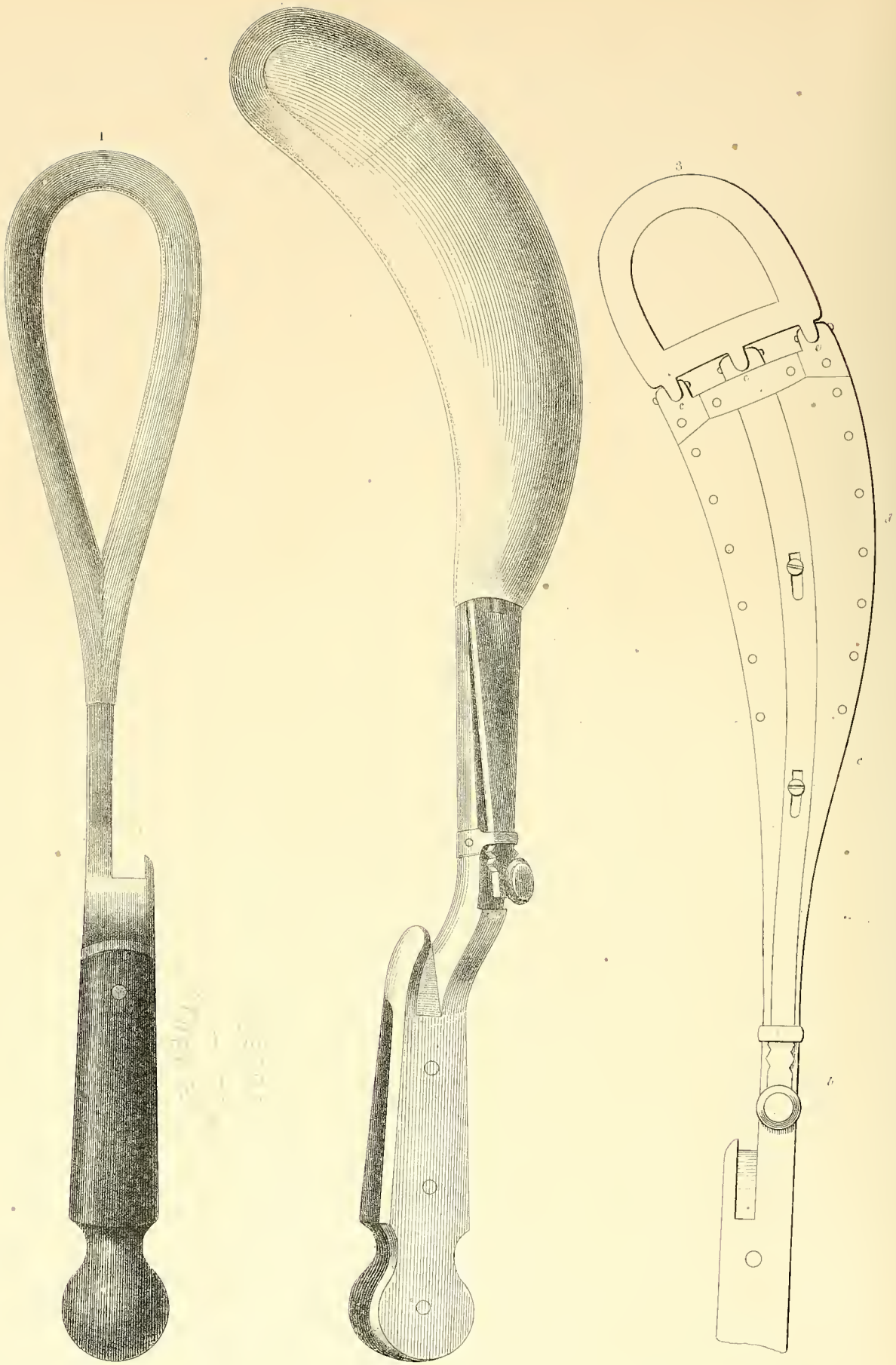
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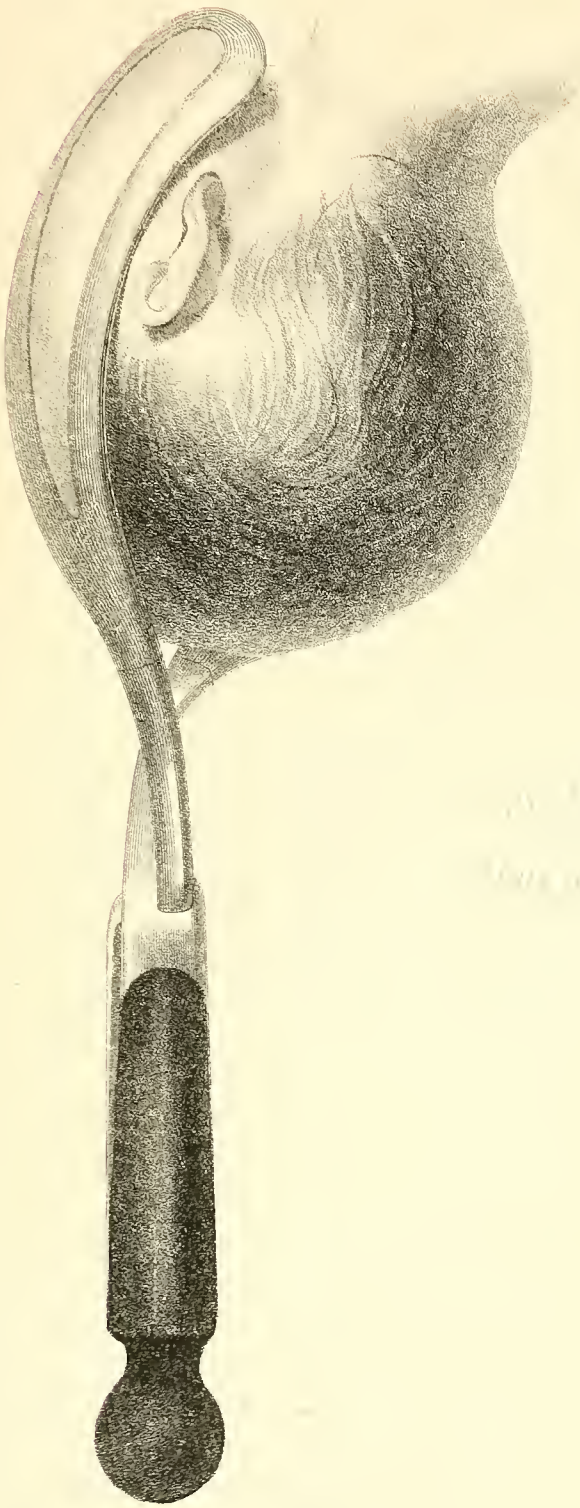

Fig. 3.

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W. Fowler del. lithog.

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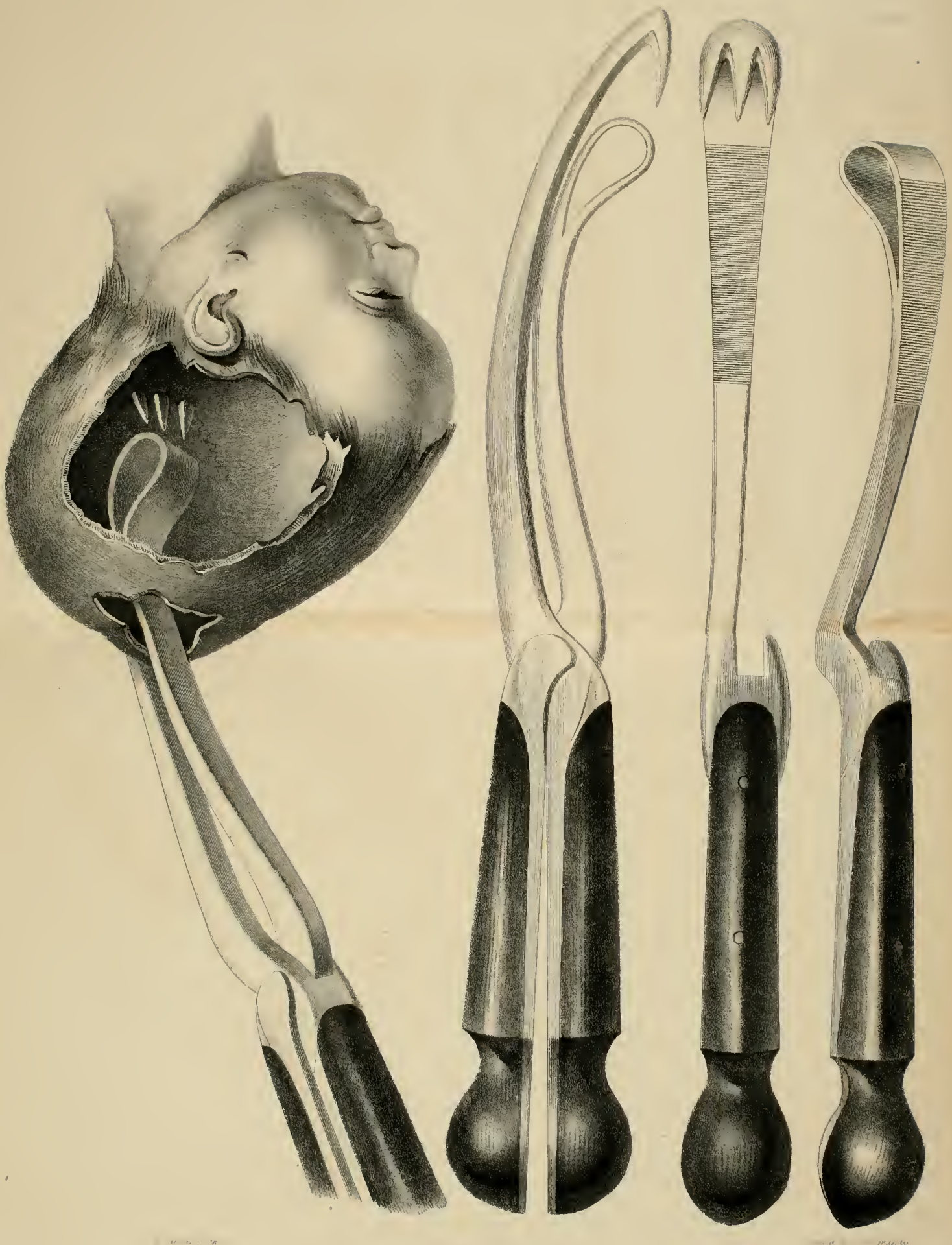

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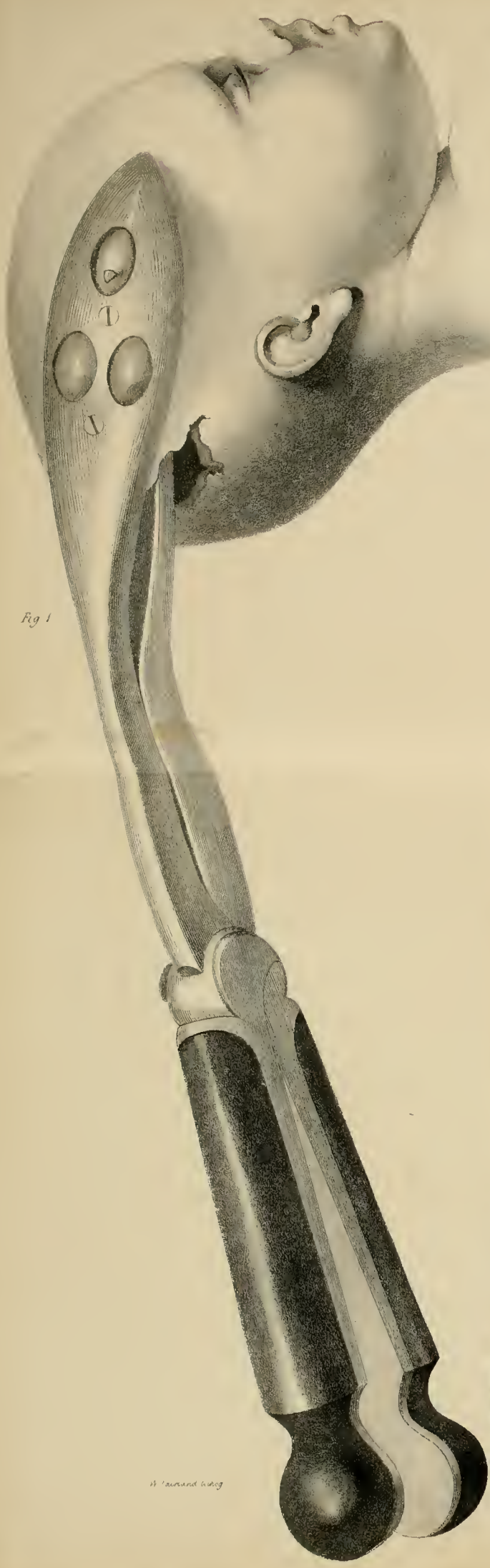

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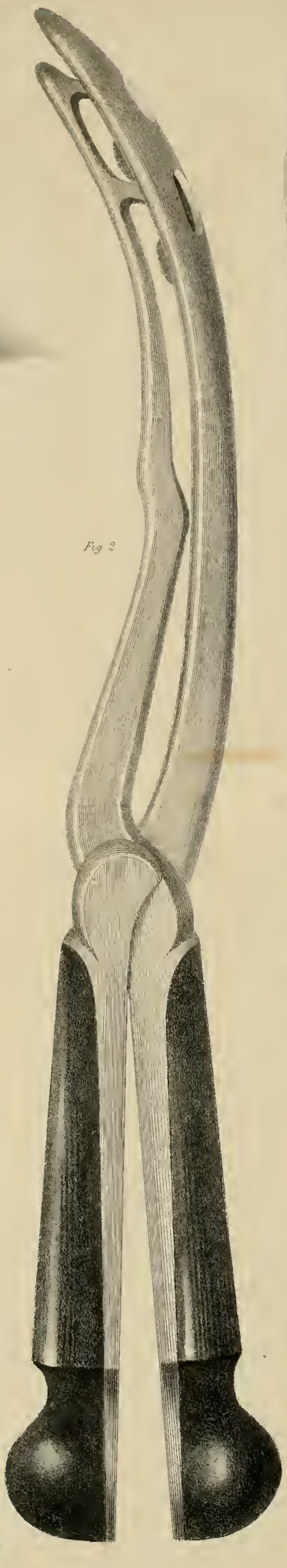

Fig 2

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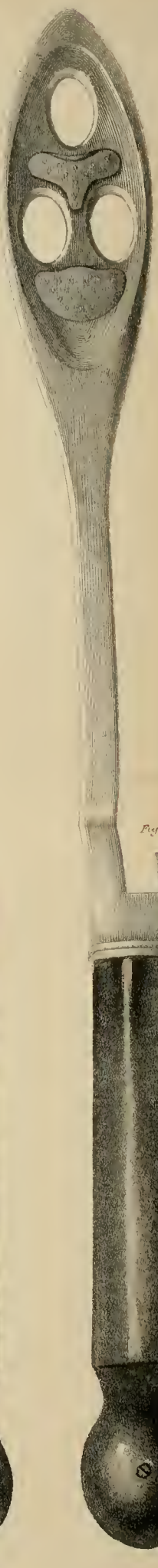

Fig 4

W. Vaughan Lithog

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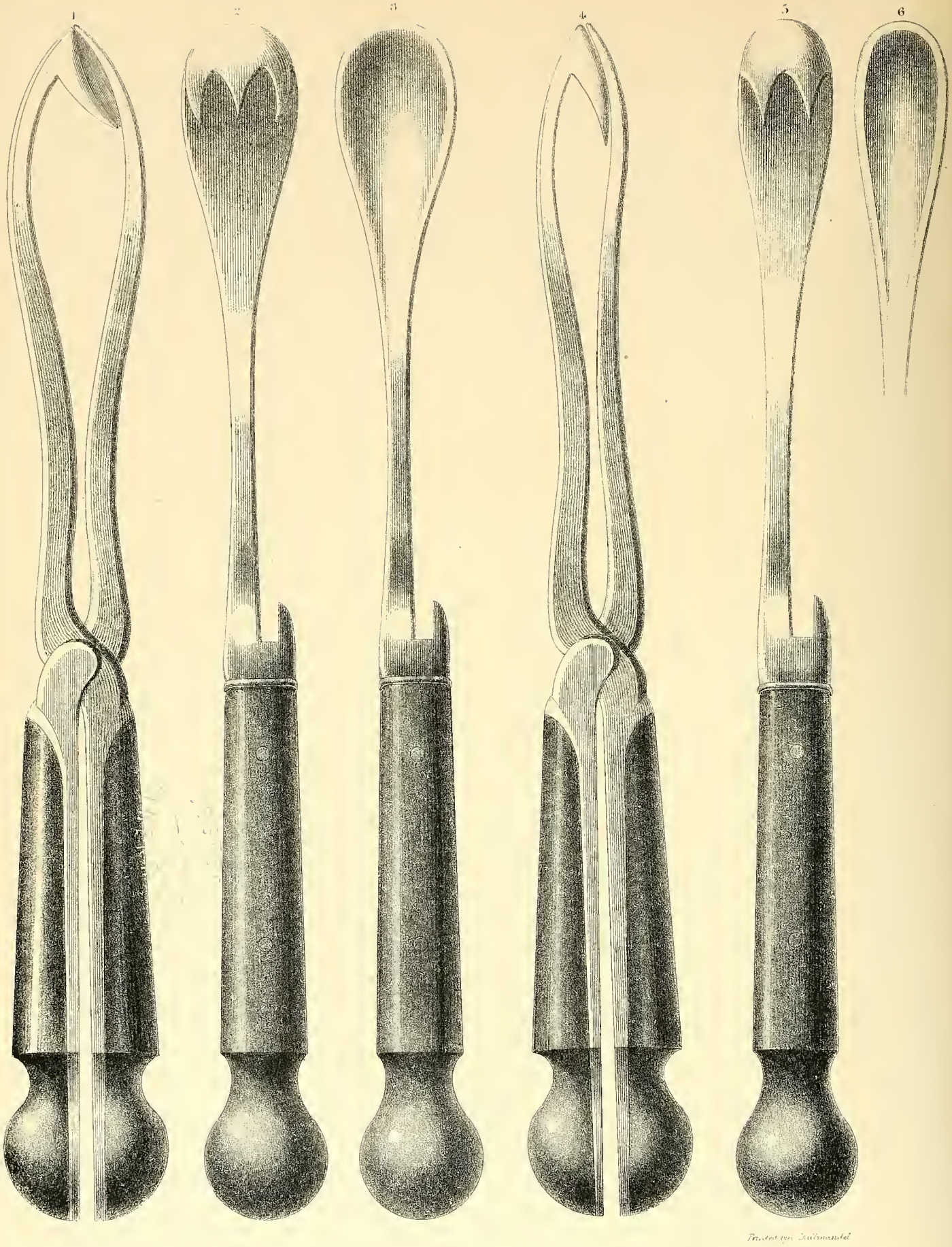
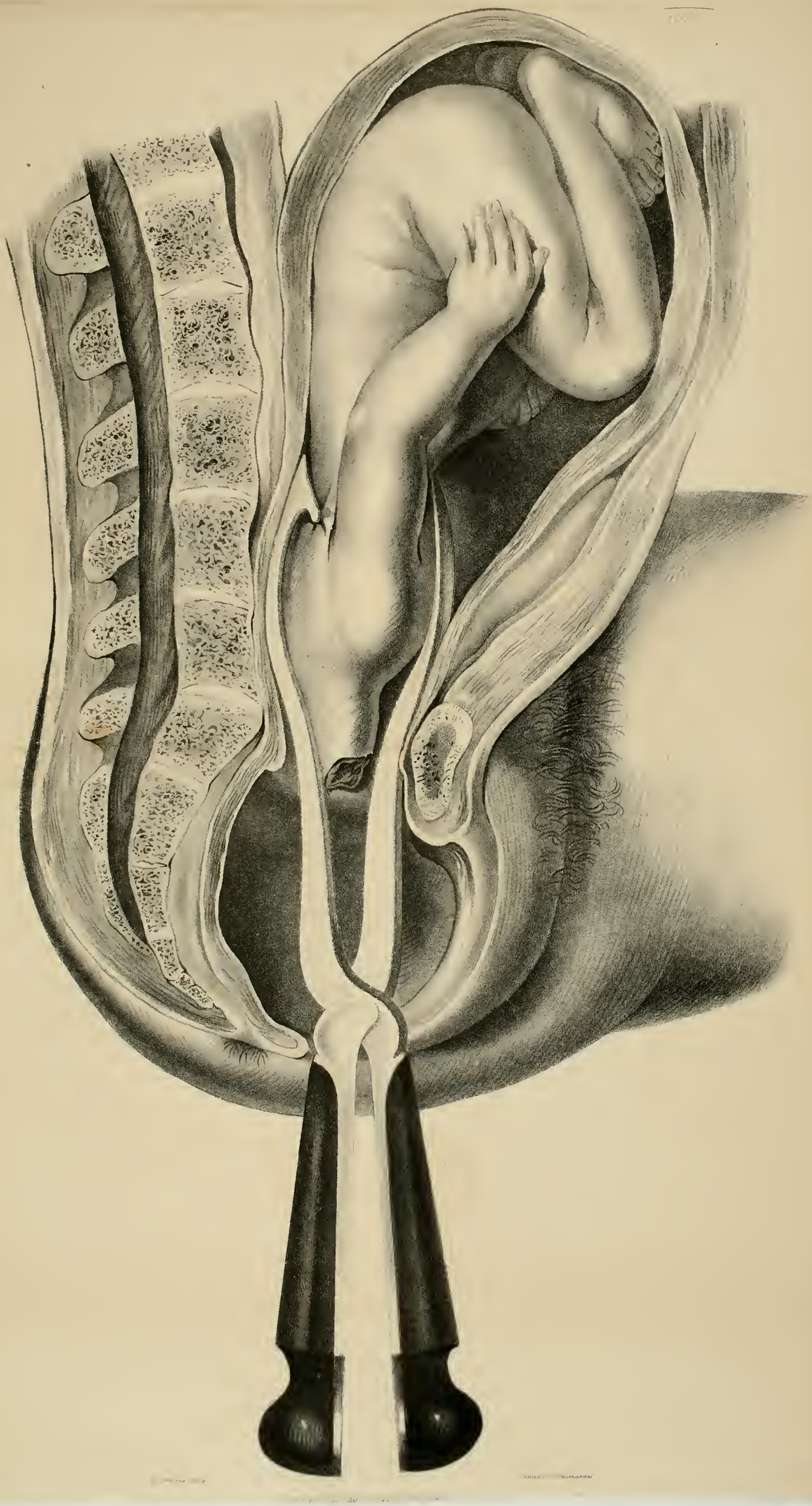


London, John Taylor, Upper Gower Street



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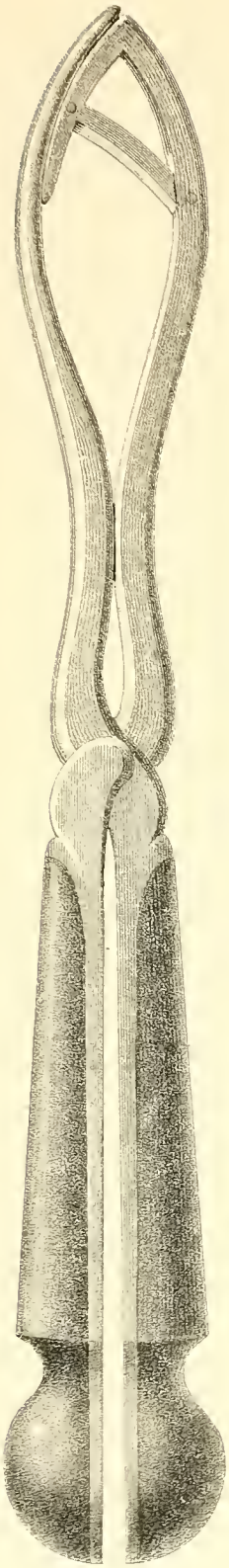

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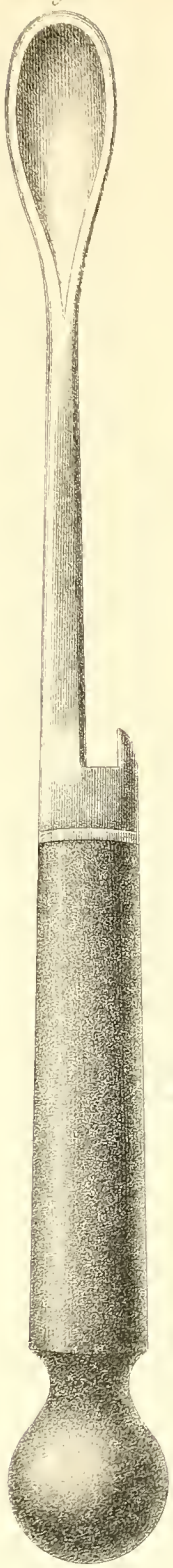

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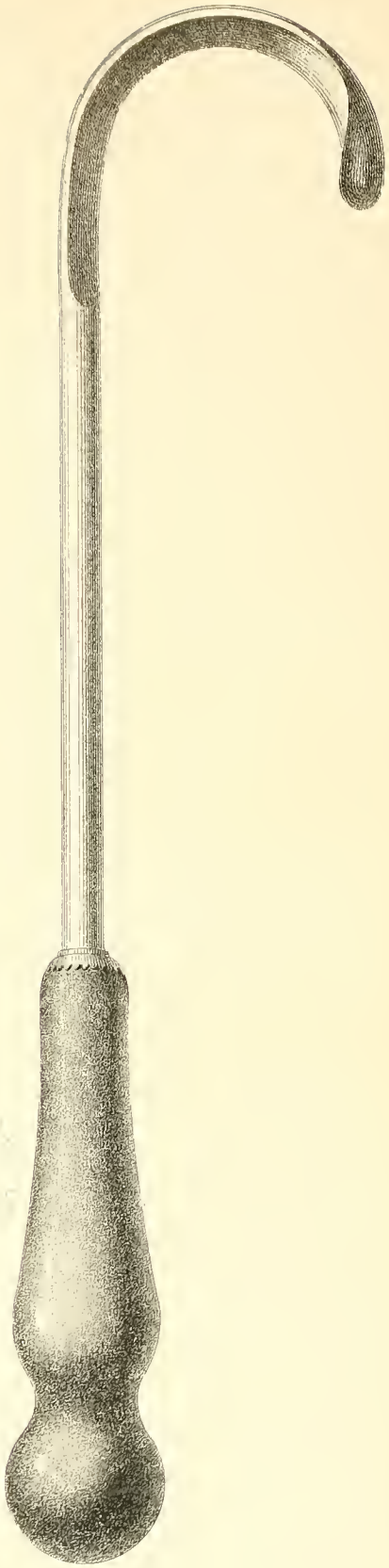

W. Evans del. 1819

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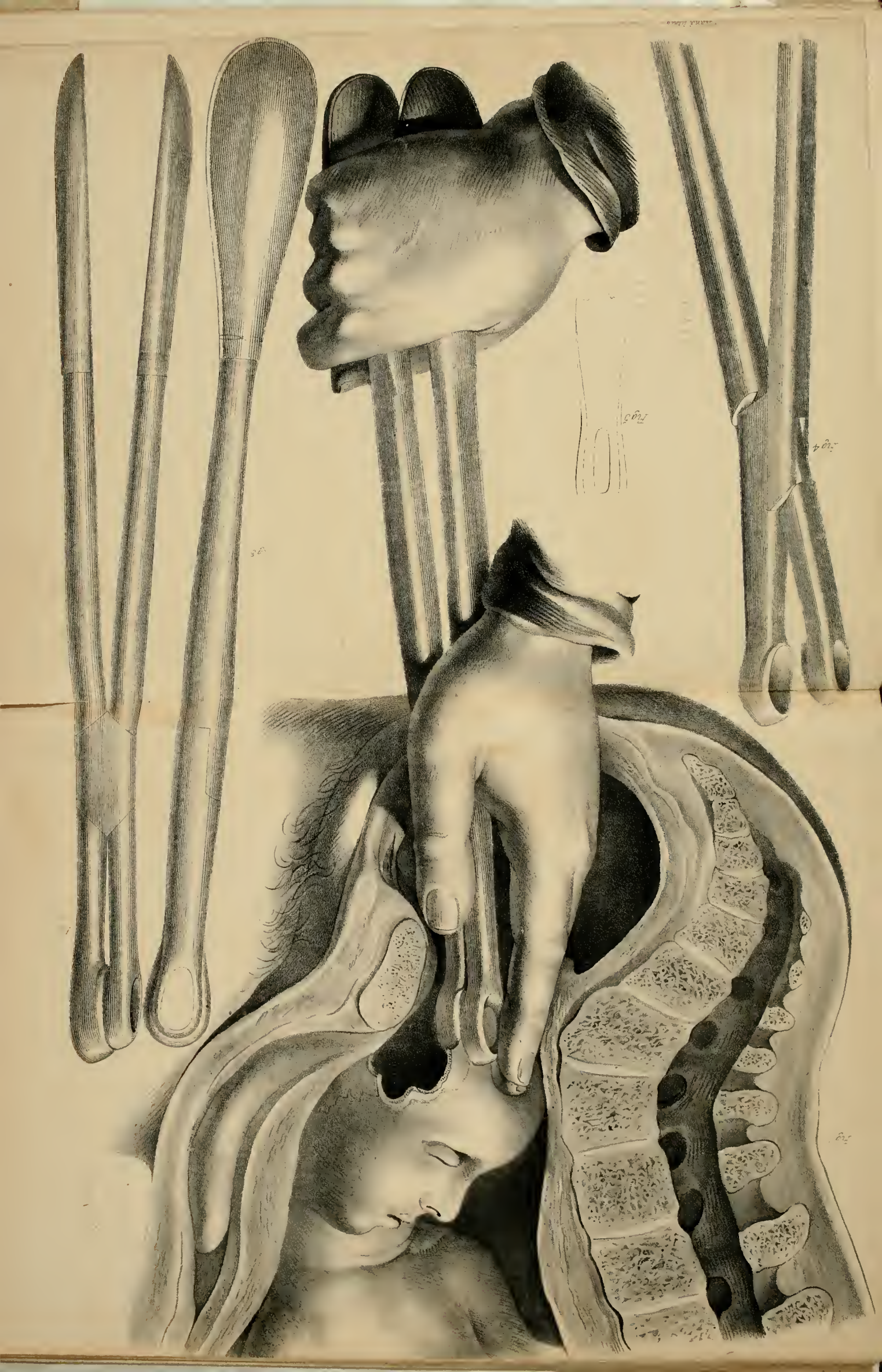

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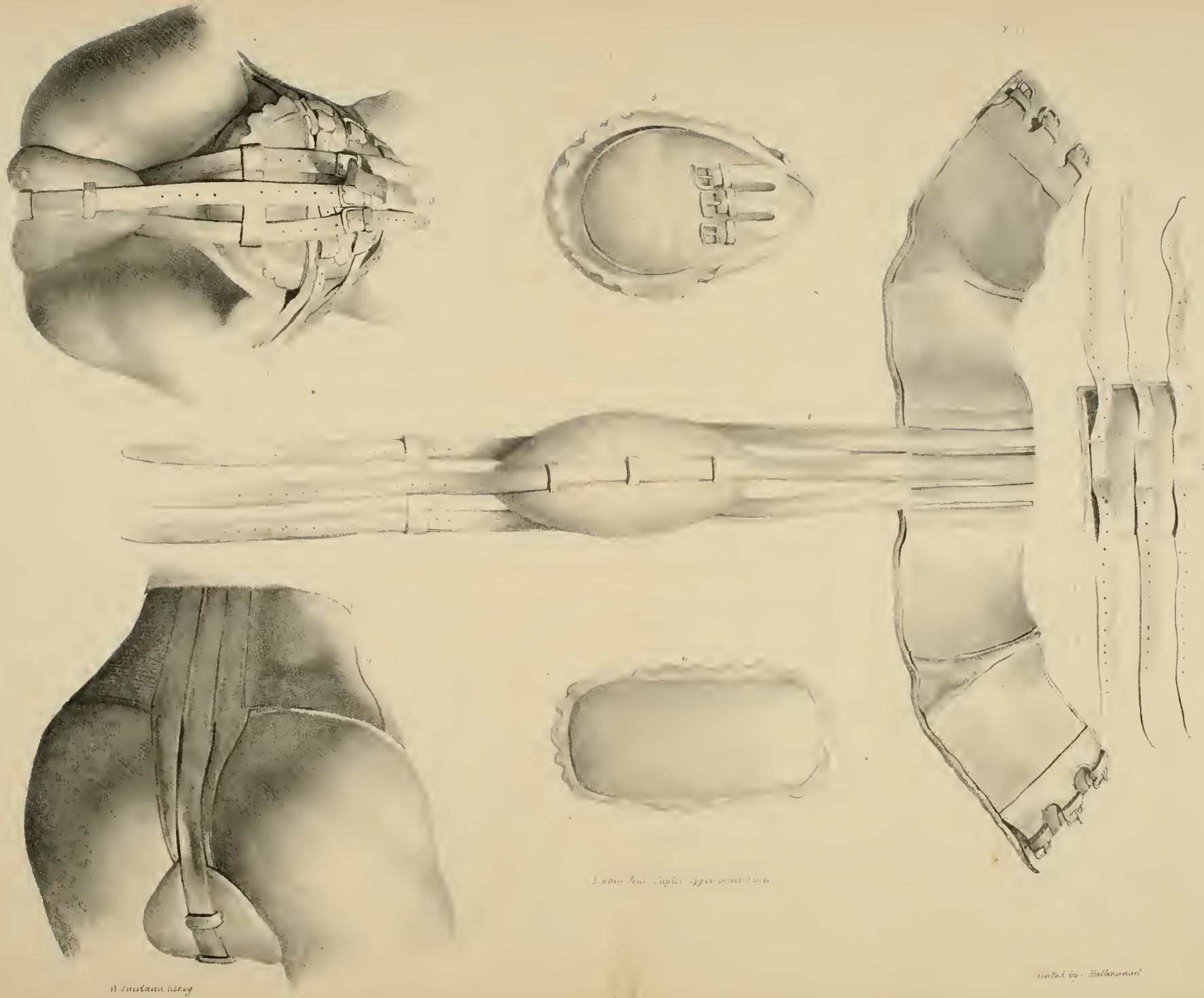
London, John Taylor, Upper Gower Street



BOSTON
ATHENEUM

ERRATA.

Page 207, line 21, last word but one in the line, *for* "neck" *read* "body."
Page 209, line 23 from the top, *for* "hypogastric" *read* "spermatic."
Page 574, line 25 from the top, *for* "he felt" *read* "she felt."